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HIV Health Services Planning Council Committee Meeting Location, Day, and Time January 2002

<u>Committee Meeting</u>	<u>Location</u>	<u>Date</u>	<u>Time</u>
Housing Committee Meeting	995 Market St., 2nd Floor Conference Room to the right of Elevators	Wed. 9 th	3pm-5pm
PWA Caucus Meeting	25 Van Ness 330A	Wed. 9 th	5:30pm-7:30pm
Steering Committee Meeting	25 Van Ness 330B	Mon. 14 th	5pm-7pm
Needs Assessment Task Force Meeting	25 Van Ness 330A	Tues. 15 th	4:30pm-6pm
Membership Committee Meeting	25 Van Ness 330A	Thurs. 17 th	5:30pm-7:30pm
Planning Council Meeting	City Hall Mayor's Conference Room	Mon. 28 th	4:30pm-7:30pm

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HIV Prevention Planning Council
HIV Health Services Planning Council

Joint Reception with Scott Evertz, Director
Office of National AIDS Policy

January 24, 2002
Mayor's Conference Room (Room 201), City Hall
San Francisco

Agenda

1. Welcome and Introduction of Speakers-Council Co-Chairs 4:30 PM
2. Presentation by the HIV Health Services Planning Council 4:30-4:40 PM
3. Presentation by the HIV Prevention Planning Council 4:40-4:50 PM
4. Presentation by Scott Evertz, Presidential AIDS Advisor 4:50-5:00 PM
5. Questions and Comments from Council Members 5:00-6:00 PM
6. Questions and Comments from Members of the Public 6:00-6:10 PM
7. Reception 6:10-6:30 PM
8. Adjournment 6:30 PM

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HIV Health Services Planning Council

City Hall, Room 201 1 Dr. Carlton B. Goodlett Place

January 28th, 2002 4:30pm

AGENDA

- 122
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28/02
- I. Call to Order 4:30pm
- II. Roll Call 4:32pm
- III. Review and Approval of Agenda 4:35pm
- IV. Review and Approval of Minutes, 11/26 4:40pm
- V. General Announcements 4:45pm
- VI. Public Comments 4:55pm
- VII. Committee Reports
- Steering Committee
 - Needs Assessment Task Force
 - Rollover Reallocation — VOTE
 - Reductions Protocol Discussion
 - Retreat Discussion
- VIII. Meal Break 6:15pm
- IX. Committee Reports, cont'd
- PWA Caucus 6:30pm
 - Membership Committee 6:45pm
 - Housing Committee 7:00pm
 - Implementation & Evaluation Committee 7:15pm
- X. New Business 7:10pm
- XI. Adjourn 7:30pm

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Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Tues	01/22	Needs Assessment Task Force	25 Van Ness, Room 330A	4:30 – 6:00 PM
Mon	02/04	Implementation & Evaluation Committee	25 Van Ness, Room 330B	5:00 – 7:00 PM
Wed	02/06	Housing Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Mon	02/11	Steering Committee	25 Van Ness, Room 330A	5:30 – 7:00 PM
Wed	02/13	PWA Caucus	25 Van Ness, Room 330B	5:30 – 7:30 PM
Thurs	02/21	Membership Committee	973 Market Street, 6 th Floor	5:30 – 7:00 PM
Mon	02/25	HIV Health Services Planning Council	City Hall, Room 201	4:30 – 7:30 PM

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103

San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

The sites are fully accessible, assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, call the Council's staff at 415-972-0870. The closest accessible BART station is Civic Center. Accessible MUNI lines serving these locations are: #42 Downtown Loop, #5 Fulton, #21 Hayes, #6, 7, 71 Haight/Noriega, #9 San Bruno, F-Line to Market & Van Ness, Metro Van Ness station. For more information about MUNI accessible services, call 415-923-6142. Minutes of meetings are tentative until formally approved by the Council.

NEEDS ASSESSMENT TASK FORCE

MEETING

HIV Health Services Planning Council

Meeting Date: January 22nd, 2002
Meeting Place: 25 Van Ness Ave., 330A
Meeting Time: 4:30pm - 6pm
Members Present: Felicia Elizondo; Sam Kaplan; Brad Hume; Catherine Geanuracos
Others Present: Eric Whitney (Council Coordinator); Laura Thomas (SF DPH - AIDS Office); Joseph A. Cecere (DPH); Bobby Cook (Immune Enhancement Project); Richard Bargetto (HIV Consumer Rights Advocate); Michael De Mayo (LFA); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: TBD

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Introductions

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Announcements

There were no announcements.

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Goals

Michael De Mayo began the meeting by presenting the following goals:

- A review of the Consent Form
- A review of questions from the Needs Assessment survey
- A review of the questions concerning Delayed Care/Out-Of-Care

Review of Consent Form & Survey Process

The committee began with a review of the consent form and how the survey is going to be conducted. The issues that were discussed were: how to handle people with literacy problems, what are the interviewers duties and what information they will have, and how confidentiality issues are to be handled. *The committee* requested that the interviewers have information with them about HIV agencies, services, and programs during the survey process.

Review of Survey Questions

The committee and Michael De Mayo began the review of each survey question, item by item. Each question was thoroughly discussed and some questions

were either modified or re-created from their original state on the survey to fit the needs and requirements of HRSA and the objective of the Needs Assessment.

The following questions have been modified:

- #3 *The committee* decided that the racial background should be the same breakdown as in REGGIE
- #4 *The committee* decided to remove “at home” from question.
- #5 *The committee* decided to add “most” to the question
- #7 *The committee* requested that the interviewer have a list of all the San Francisco neighborhoods to assist homeless people in identifying where they live
- #8 *The committee* decided to add “most recently” to the question.
- #9 *The committee* decided to eliminate this question
- #10 *The committee* requested REGGIE categories to be used for this question in order to capture the homeless and people living in SROs
- #11 *The committee* decided to define the number of hours that constitutes full-time status
- #12 *The committee* requested that “household” change to “individual” and give monthly breakdowns for yearly incomes
- #16 *The committee* decided to add “VA” to the list of choices.
- #22 *The committee* decided to add “I have not...” to the list of choices
- #27 & #28 *The committee* decided to add “CD4 count” to the list of responses
- #30 *The committee* decided to move the word ranking and replace it with percentage amount
- #34 & #35 *The committee* decided to add other neighborhood community clinics and other alternative clinics.
- #36 *The committee* decided to add “never” to the list of choices
- #37 *The committee* decided to add “I can’t remember” to the list of choices
- #42 *The committee* decided to separate out “herbal” and “supplemental” from the list of choices
- #44 *The committee* decided to add “HIV” to the Medication response

Michael De Mayo closed the meeting and indicated that further communication will occur through the listserve for the Task Force, and surveying would begin in early February.

Adjournment

NEEDS ASSESSMENT MEETING

Meeting Date: November 13, 2001
Meeting Place: 25 Van Ness Ave., Room 330-A
Meeting Time: 4:30 to 6:00 PM
Members Present: Donald Frazier (Co-Chair), John Conley, Catherine Geanuracos, Sam Kaplan, Ken Pearce, MJay Sanders
Others Present: Joseph Cecere (DPH); Ken Bukowski (PRC); and Jeffrey Harding (Minutes)
Next Meeting: Tuesday, December 18, 2001, 25 Van Ness, Room 330-B, 4:30-6:00 PM

I. Agenda

This meeting is to review the request submitted by the sub-contractor for a Request for Proposals.

II. Needs Assessment Request for Proposals

Ken Bukowski handed out the request sheet to all for review and suggestions. Main concerns of the members included the methodology of information gathered, the strategy to collect samples, the cultural competency of the surveyors, the page limit proposed, and the EMA definition as well as HRSA requirements.

III. New Business / Next Steps

KB will take all suggestions made at the meeting, incorporate them into the RFP, and drafts will be exchanged by committee members via e-mail. All RFP's are due by December 17, 2001, noon.

III. Next Meeting

The next meeting of the Needs Assessment Committee will be Tuesday, December 18, 2001, 25 Van Ness, Room 330-B, 4:30-6:00 PM

VI. Adjournment

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HIV Health Services Planning Council
PWA CAUCUS MEETING

Meeting Date: December 5, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Brad Hume (Co-Chair), Cecilia Chung, Dirk Doepfner, Edward Patterson, Wayne Peace

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Ed Bedard, Eric Whitney (Community Members); and Jeffrey Harding (Minutes)

Next Meeting: Wednesday, December 9, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

Introductions

Review / Approval of Agenda

The Agenda was reviewed and approved.

Announcements / Public Comment

Eric Whitney announced that there will be a Positive Force Holiday Party at John Frank on Saturday, December 8, 2001 from 1pm-4pm and all are welcome to attend.

Ground Rules

A set of ground rules was proposed by the Co-Chair in attendance to facilitate the meeting. After a lengthy discussion, many suggestions were made and adopted.

Meeting Time / Date

The Co-Chair announced that the meeting would be changed from the first Monday in the month to the second Monday of the month for January, and extended by ½ hour, from 5:30pm – 7:30pm. He proposed that the Caucus ask the Council to provide food at the meeting. More discussion will take place at the next meeting about time and date convenience.

By-Laws

A set of the current CARE Council By-Laws were passed out and discussed by the members.

Update on Rollover Funds

The rollover funds have been approved.

Consumer Rights Advocate Report

Richard Bargetto reviewed the new cases for the months of September and October 2001. There were two grievances against the Housing Wait List (HWL). Clients did not understand their positions on the list. After contacting the HWL staff, clients seemed more satisfied with the explanation and will follow up if necessary at the PWA Caucus meeting with DPH-HUHH representatives in attendance. One grievance against AHP is still unresolved and awaiting response from provider. Advocacy Project is monitoring one grievance against Derek Silva Case Management. There were 16 referral calls. *See Attachment A.*

New Business / Next Agenda

There was no New Business and the Next Agenda was not discussed.

Adjournment

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HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: January 9th, 2002

Meeting Place: 25 Van Ness Ave., Room 330B

Meeting Time: 5:30pm - 7:30pm

Members Present: Brad Hume (Co-Chair & Chair Housing); Cecilia Chung; Dirk Doepfner; Edward Patterson; Mjay Sanders (Co-Chair); Norm Tanner; Felicia Elizondo.

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Joseph A. Cecere (DPH); Jeff Morey (Consultant); Eric Whitney (Council Coordinator); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., February 13th, 2002, 25 Van Ness, Room 330B, 5:30pm -7:30pm

Introductions

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Review / Approval of Agenda

The Agenda was reviewed and approved.

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Announcements / Public Comment

Brad Hume announced that the Mission Neighborhood Resource Center is looking for members for their Advisory Committee; please see Brad Hume or Laura Guzman for application forms.

Eric Whitney reported that he attended the State Consumer Group California Plan for HIV on October 30th & 31st, 2001 and that the group will be meeting again on January 29th & 30th. See *Attachment A*. In addition, *Eric Whitney* announced that he has secured a leadership consultant Jeff Morey, and that Jeff would be attending the meeting. *Mjay Sanders* announced that the agenda will be sent out sooner via email, and gave the times and dates for the Steering Committee Meeting, Needs Assessment Task Force Meeting, and Membership Meeting.

Ground Rules

Mjay Sanders announced that the new Ground Rules were approved and passed to the full caucus; and were now in effect. See *Attachment B*.

Housing Prevention

Brad Hume reported on the change in the Emergency Housing Program procedures, SRO hotels, the collaborate effort between EHP & Broderick, client's status on the Housing Waitlist, application deadlines, and number of beds available. *Brad Hume* announced that there will be an open house at Broderick, Star, and Camelot. See *Attachment C*.

Update on Roll-over Funds

buying fast-food vouchers, since most of the client's that will be using the vouchers live in neighborhoods where fast-food restaurants are plentiful, and clients offend eat there; she requested that this should be a full council discussion.

Retreat Planning

Eric Whitney announced that the meeting place for the retreat will be reserved this week.

Catherine Geanuracos announced that any member that has items for the agenda, should email them to the Co-Chairs and listed the following items, thus far, for the agenda: work appreciation, prioritization, revise function and structure of the committees, by-laws, calendar for next year, new member orientation and on-going education, and team building. *Michelle Long Dixon* announced that there is approximately \$10,000 in council support for technical assistance and for educating council members.

New Business

Laura Thomas announced that Scott Evertz, the White House advisor on HIV policy is scheduled to be in San Francisco on January 24th from 4:30pm – 6:30pm at City Hall, room 201; he will be discussing prevention, services and successful programs, and may have a question and answer session.

Adjournment

HIV Health Services Planning Council HOUSING COMMITTEE

Meeting Date: December 5, 2001

Meeting Place: 25 Van Ness Avenue, Room 330-B, 3:00-5:00 PM

Members Present: Brad Hume (Chair), Margot Antonetty, Dirk Doepfner, Kevin Johnson and Ali Riker

Others Present: Amy Cunningham (SF AIDS Foundation); Andrew Williams III (HUH); and Jeffrey Harding (minutes).

Next Meeting: Wednesday, January 2, 2002, 25 Van Ness, Room 330-A, 3:00-5:00 PM

Introductions

Announcements / Public Comment

Ali Riker announced that Supervisor Gavin Newsome was proposing a new city Department of Homelessness. *AR* also stated that everyone should protest the move by Martin Katz to discontinue the Homeless Death Count in favor of a Bio-terrorism Count. No committee action was proposed. *Brad Hume* announced that he and *Margot Antonetty* would be the new Co-Chairs for the coming year.

Rollover Funds Update

Brad Hume announced that the Rollover Funds were approved.

Needs Assessment

The Committee discussed what information they wanted to obtain from the Needs Assessment and proposed many questions.

New Business / Next Agenda

There was no New Business and the Next Agenda was not discussed.

Adjournment

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Membership CommitteeSAN FRANCISCO
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Meetings will generally be held on the 3rd Thursday of each month.Statistical Breakdown of Current Membership

KP presented the overall profile with several charts and percentages. He indicated that he would attempt to highlight where there was the greatest need. The charts and percentages are constantly changing. The most crucial area of recruitment is with African American HIV+ people. The unaffiliated consumers are low as well, and their ethnic breakdown is not balanced. Most are white, and few are people of color. Gender is also unbalanced for the unaffiliated consumers.

New Member Interviews

Norman Tanner was interviewed by committee members and answered several questions about his desire to be a Council members and his qualifications.

New Member Recommendations

KP had a motion to recommend *Norman Tanner* and *William Blum* for membership to the Council at their next meeting. This was agreed to unanimously. *MJay Sanders* suggested that new members be recommended on an individual basis.

Reappointments

Ken Pearce had a motion to recommend current member, *Catherine G. Geamuracos*, to Council at their next meeting. This was agreed to unanimously.

Member Resignations

Raymond Combs has submitted his official resignation to the Council. *Bob Teague* has resigned. As of November 12, 2001, *Janis Takamoto* has submitted her official resignation to the Council.

New Member Orientation

A new member orientation is currently being planned for January 2002. The Membership is recommending that the new Coordinator meet with Membership Committee for orientation. *MJay Sanders* volunteered to be the Orientation liaison from Membership Committee.

Election for New Committee Co-Chairs

KP opened the floor for nominations to committee co-chairs, but there were no nominations. The committee agreed to solicit candidates for the Membership Committee co-chairs at the next Council meeting.

HIV Health Services Planning Council MEMBERSHIP COMMITTEE MEETING

Meeting Date: January 17th, 2002
Meeting Place: 25 Van Ness Ave., 330A
Meeting Time: 5:30pm - 7pm
Members Present: Felicia Elizondo; Mjay Sanders (Co-Chair PWA Caucus); Brad Hume (Chair Housing & Co-Chair PWA Caucus); Mark Dunlop; Carmen Madriz.
Others Present: Eric Whitney (Council Coordinator); Laura Thomas (SF DPH - AIDS Office).
Next Meeting: Thursday, February 14th, 2002, 973 Market St., 6th Floor, 5:30pm - 7pm

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Introductions

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Announcements/Public Comments

Laura Thomas announced that Scott Evertz, the White House advisor on HIV policy is scheduled to be in San Francisco on January 24th from 4:30pm - 6:30pm at City Hall, room 201; he will be discussing HIV prevention programs, HIV care services, and successful programs from both areas of HIV service, and may have time for a question and answer session.

Co-Chair Nominations & Elections

Eric Whitney announced Ken Pearce's absentee nomination of Kevin Johnson and Mark Dunlop for the co-chair positions. The committee discussed the nominations and voted unanimously in favor of both Kevin Johnson and Mark Dunlop as co-chairs for the Membership Committee.

HRSA Letter

Laura Thomas presented a letter from HRSA clarifying issues related to the unaffiliated HIV+ members of the Council. *See Attachment A.*

Review Letters to Members with Sun-Setting Appointments

Eric Whitney and the committee reviewed members' status whose terms end in the month of February. Renewal letters with reply-response letters were mailed to the five affected council members. *See Attachment B.* The following members were sent letters: Margot Antonetty, Fernando Gomez-Benitez, Gary Harrell, Carmen Madriz, and Mary Jane Wood. Eric Whitney also went over the

procedures and forms that need to be filled out for those council members who are not renewing their membership. It was also announced that Eric Whitney will be creating a database to track council members attendance and important information.

Review of Current Council Membership

The committee discussed the number of council seats available, timeline to fill the seats, and the council members waiting for the appointment approval from the Mayor.

New Member Orientation - Discussion

The committee discussed new nomination applications, revising the application form, which nominations they would like to submit to the mayor, and how to speed up the Mayor's approval process.

Adjournment

HIV/AIDS Bureau

DRAFT 12-20-01

Dear Title I Colleagues:

This letter is to clarify issues regarding implementation of the changes in the reflectiveness requirements for Title I Planning Councils (PC) as required by the amended 2000 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

There is some confusion on whether reflectiveness should be based on HIV prevalence alone or include both HIV and AIDS prevalence data to reflect the full spectrum of disease of those living with HIV in an Eligible Metropolitan Area (EMA). Additionally, specific questions have been raised about persons living with AIDS being counted as part of the required thirty-three percent non-conflicted persons living with HIV disease (PLWH).

The “Reauthorization Issue: Planning Council Membership”, letter sent to all Grantees and Title I Planning Councils correctly reflects the legislation which states the PC should reflect the epidemic of HIV disease in the EMA. The definition of HIV disease includes the entire spectrum of disease from initial infection through AIDS. The epidemiological data provided by the Centers for Disease Control and Prevention (CDC) includes HIV prevalence (the estimated number of people living with HIV, non-AIDS at a date specific), AIDS prevalence (the number of people living with AIDS at a date specific) and AIDS incidence data (the number of new AIDS cases diagnosed during the period specified). As in past years, the FY 2002 Application Guidance asked EMAs to use HIV prevalence data to determine the reflectiveness requirements for their PC. The HIV prevalence category was chosen to reflect the rapid movement of the epidemic into new communities, especially communities of color, and to assure these communities were adequately represented on the Council. The disease stage of the person filling a PLWH position on the Council has never been considered a criteria. It is clearly not the intent of the legislation to exclude people living with AIDS as part of the thirty-three percent non-conflicted PLWH.

The issue is HIV prevalence numbers alone do not reflect the full spectrum of the HIV disease epidemic in an EMA. In order to correctly implement the legislative language the AIDS prevalence numbers and the HIV prevalence numbers need to be combined. Therefore, when determining reflectiveness of your PC membership, EMAs should use the combined numbers of AIDS prevalence and HIV prevalence reported on Table 1 of your FY 2002 application. This may change the percentages in your PC to determine the number of PLWH in each required category needed to reflect HIV disease in your EMA. PLWH positions on the Council should be selected without regard to the stage of disease of the individuals.

**TABLE 4A: WORKSHEET FOR DETERMINING THE REFLECTIVENESS OF NON-CONFLICTED
PLWH ON THE PLANNING COUNCIL BY DEMOGRAPHIC GROUP
STATE/ELIGIBLE METROPOLITAN AREA
(EMA) _____**

<i>Race/Ethnicity</i>	<i># and % Living with HIV Disease (inc. AIDS) in the EMA through 06/30/00</i>	<i># and % of NON Conflicted PLWH on Planning Council</i>
White, not Hispanic		
Black, not Hispanic		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		
Not Specified		
<u>Total</u>		
Gender		
Male		
Female		
<u>Total</u>		
<i>*Age at Diagnosis (Years)</i>		
<13 years		
13-19 years		
20-44 years		
45+		
<u>Total</u>		

**PLEASE NOTE: MODES OF TRANSMISSION SHOULD BE CONSIDERED WHEN CONSTRUCTING A REFLECTIVE
PLWH MEMBERSHIP BUT ARE NO LONGER REQUIRED**

HIV Health Services Planning Council Membership Committee

Dear <<CouncilMember>>,

On behalf of the HIV Health Services Planning Council, the Membership Committee wishes to express its gratitude to you for your service on the Council over the last several years. It has been a pleasure having you as a member of our community planning, and the lives of people living with HIV in the San Francisco EMA have been enriched because of your dedicated participation to the process.

Our records indicate that your service appointment will be ending on <<enddate>>, and the Membership Committee needs to know of your future plans. If you desire to apply to continue your service on the HIV Health Services Planning Council, please indicate your choice on the attached form and also update our records for contact information and demographics.

If you do not desire to continue your service with the Council beyond your appointment date, please also indicate your choice on the attached form. Please return the form to us the enclosed self-addressed envelope.

Our Best,

Eric Whitney
On behalf of the Membership Committee

HIV Health Services Planning Council
973 Market Street, 6th Floor
San Francisco, CA 94103

<<CouncilMember>>

<<Address>>

<<City>> <<State>> <<ZIP>>

Dear Membership Committee:

My current appointment to the HIV Health Services Planning Council will end on <<enddate>>.

My intension is to:

- ☐ Reapply for another 2-year term on the Council. Please find attached a copy of my current contact information and demographic information.
- ☐ I do not intend to reapply for another term, please accept this letter as my official notice of my intention to leave the Council on <<enddate>>.

<<CouncilMember>>

Date

HIV Health Services Planning Council Steering Committee

Meeting Date: Monday, December 10, 2001, 5:30 – 7:00 PM

Members Present: Jim Mitulski (Co-Chair); Catherine Geanuracos (Co-Chair); Donald Frazier (Co-Chair); Cecilia Chung, Elyse Graham, Brad Hume, Kevin Johnson, Edward Patterson, Wayne Peace, Ken Pearce, Norman Tanner, Karen Wuopio

Others Present: Michelle Long Dixon, Celinda Cantu, Edwin, Martina Herring, Frannie Maists, David Macias, Laura Thomas & Russ Zellers, (HIV Health Services); Amy Cunningham (SF AIDS Foundation); Wolfgang Stuwe & Andrew Williams III (Housing & Urban Health); Monika Hudson (The Management Group) and Jeffrey Harding, (Minutes)

Next Meeting: Monday, January 14, 2002 25 Van Ness, 5th Floor Conf. Room, 5:30 – 7:00 PM

Call to Order

Announcements

Ken Pearce announced that two Council Members have resigned, *Bob Teague* and *Christopher Schuyler* and the Membership Committee is currently recruiting.

Brad Hume announced Housing Committee appointed new Co-Chairs, *Margot Antonetty* and *Brad Hume*.

Brad Hume announced that the PWA Caucus would be requesting from the Council money to provide food for the Caucus Meeting, that the meeting has tentatively been moved to the second Wednesday of the month and lengthened by ½ hour, new time being 5:30pm – 7:30pm. He was also wondering when the Caucus would receive the rollover funds.

The next Needs Assessment Committee meeting will be December 18, 2001, 4:30-6:00pm.

Reduction Protocol – Russ Zeller

Russ Zellers distributed the CARE Reductions Protocol for FY 02-03. He reviewed the report including the First, Second and Third Level of Reduction. There were many questions from Council members. Discussion followed with explanations given by many members of the HIV Health Services team. The programs marked for Restoration if extra money is available will be #1) Money Management, #2) Day Respite Care and #3) Outpatient Sub Use, decided by majority vote.

Planning Council Support

Jim Mitulski reported that *Eric Whitney* was hired for the Planning Council Coordinator position. He and the new Administrative Support person will begin duties in January 2002.

Retreat Topics

Wayne Peace presented possible topics for discussion at the Planning Council Retreat scheduled for **Saturday, February 2, 2002 from 9:30am – 4:30pm**. *Monika Hudson* of The Management Group will facilitate this year. *Monika* will present a list of possible topics to Council Members and will conduct a vote on which topics are most favored. Possible topics include By-Laws, committee structure, membership policies and goals, prioritization timing schedule, new members education, deadline management, educational seminars and presentations, policies and procedures and team building.

Adjournment

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HIV Health Services Planning Council STEERING COMMITTEE MEETING

Meeting Date: January 14th, 2002

Meeting Place: 25 Van Ness Ave., Room 330B

Meeting Time: 5:30pm - 7pm

Members Present: Catherine Geanuracos (Co-Chair); Donald Frazier (Co-Chair & Walden House); Brad Hume (Chair Housing & Co-Chair PWA Caucus); Elyse Graham (IEP); Susan Shea (UCSF – Women's Spec Program); Norman Tanner; Felicia Elizondo (; Mjay Sanders (Co-Chair PWA Caucus).

Others Present: Michelle Long Dixon (HIV Health Services); Laura Thomas (SF DPH – AIDS Office); Joseph A. Cecere (DPH); Manshia Herring (HIV Health Services); Eric Whitney (Council Coordinator); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., February 13th, 2002, 25 Van Ness, Room 330B, 5:30pm -7:30pm

Introductions/Announcements

Donald Frazier and Eric Whitney announced the day and time for the Needs Assessment Task Force Meeting, January 22nd from 4:30pm – 6pm at 25 Van Ness, room 330A and suggested that those who were interested in participating in the process to please attend this meeting.

Reduction Protocol

Russ Zeller discussed how to present the Reduction Protocol at the Council Meeting. *The committee* discussed that there should be alternatives for those services that are cut. *Michelle Long Dixon* discussed the budget for the city of San Francisco, it's approval, and the CARE award. *Michelle Long Dixon* reported that this year was the first year that staff expertise and input was used to determine the city's budget. *The committee* discussed the deadline for the cuts, submitting cuts to the Mayor's Office for recommendation, responsibilities of the Steering Committee, and what would be the first cuts.

Committee Report - Housing

Brad Hume gave an update on spending the rollover funds; \$100,000 will be used for general maintenance and \$100,000 will be used to support CARE subsidy. *Catherine Geanuracos* discussed the loan committee's restructuring, access to housing, and marketing. *Brad Hume* discussed the new Emergency Voucher Program at SRO hotels and compared it to the old system, and how client will not be taken off of the housing waitlist. He also discussed how the \$275,000 was broken down between Emergency Vouchers, Broderick, Star, and Camelot, and gave brief descriptions of how each transitional housing program worked and their advantages, i.e. on-site case management and services. He then reported that the referrals will be handled by medical providers and that TARC will be the contact place for the Emergency Vouchers Program.

Committee Report - Membership

Eric Whitney announced that he met with the members of the membership committee, and that at the next meeting, January 17th, the committee will elect a new Co-Chairs, due to Ken Pearce stepping down as Co-Chair. *Eric Whitney* also announced that he will facilitate the committee until a Co-Chair has been elected, that several members' membership will expire in February, and that the committee might move the meeting day.

Committee Report – PWA Caucus

Mjay Sanders announced that the PWA Caucus has set and agreed upon a set of Ground Rules for the committee, that they have secured a consultant for the committee's leadership development, Jeff Morey, and the \$5,000 rollover funds need to be used by the end of February. *Mjay Sanders* stated that the committee ran out of time to fully discuss the Needs Assessment, but the committee was directed to email *Eric Whitney* with any ideas. *Eric Whitney* gave a brief work history, qualifications, and hourly rate for the consultant, Jeff Morey, and announced that having food for the PWA Caucus meeting has been approved.

Committee Report – Needs Assessment

Eric Whitney gave a report about the Needs Assessment contractors meeting with Michael De Mayo and La France & Associates. *Laura Thomas* stated that the contractors will need help from the council about services, funding, and the out-of-care piece. *Joseph A. Cecere* stated that he is impressed with the consultants and that their experience will be a great help. *Eric Whitney* stated that provider participation is necessary and key, and asked the committee to assist in informing providers as to importance of the Needs Assessment. *Susan Shea* stated that the REGGIE mandate issue and the additional time required of agencies with no additional funds to perform the mandate should be discussed sometime in the future. *Laura Thomas* stated that the Needs Assessment contract will be using REGGIE. *Eric Whitney* stated that the Needs Assessment solicitation included rollover money from the 2001-2002 budget, and there is some additional funding in the 2002-2003 council support contract as well.

Rollover Money – FY01-02

Michelle Long Dixon announced that the approval from HRSA was late and so the money was put into contract late and that the goal is to have all the money allocated to contracts or spent by the end February. *Michelle Long Dixon* suggested that the additional money be used for vouchers, \$95,000 for food, \$25,000 for transportation, and \$100,000 used for household goods; Goodwill has household goods vouchers. In addition, *Michelle Long Dixon* suggested

Joseph A. Cecere announced that the funds were approved and the contract modification was underway; also the funds for administrative support, the Needs Assessment project, and the leadership training was approved. *Eric Whitney* announced that he met with the Needs Assessment Contractor and that Jeff Morey was hired for the leadership training. *Eric Whitney* introduced Jeff Morey to the PWA Caucus Committee. *Jeff Morey* gave an introduction about his past experience and the committee asked questions of Jeff Morey and discussed issues concerning the leadership training, group dynamics, and billing.

Consumer Rights Advocate Report

Richard Bargetto reviewed the new cases for the months of December 2001. There were three grievances against Derek Silva; in addition against San Francisco AIDS Foundation (SFAF), Haight Asbury, and AIDS Emergency Fund (AEF). Two are still pending with Derek Silva, the third has been resolved, SFAF and Haight Asbury are still pending, and AEF has been resolved. See Attachment D & E.

Needs Assessment

Brad Hume reported that the last Needs Assessment was performed in 1999 and that it is conducted every two years. The committee discussed the last Needs Assessment in 1999, the current Needs Assessment, and the committee's participation. *Eric Whitney* asked that the committee to email him with their list of questions or wish list of what information they would like to come out of the Needs Assessment report.

New Business / Next Agenda

Brad Hume announced that \$200,000 of the rollover was approved; ½ was for housing facility and the other ½ for supporting CARE funded subsidies; food for the PWA Caucus Committee meetings has not yet been approved. The Next Agenda was not discussed.

Adjournment

CALIFORNIA PLAN FOR HIV CARE

CONSUMER ADVISORS MEETING ONTARIO, CALIFORNIA OCTOBER 30 - 31, 2001

SUMMARY OF PROCEEDINGS AND OUTCOMES

Attendees

HIV Consumer Advisors: Jose Bacho; El Bisarra; Gaby Bustos; Alexandra Cano; Ira Domingo; Fred Flotho; William Fuentes; Ava Gardner; Antoine Gaugh; Mark Hanrahan; Trenton Head; Jude Huval; Howard Jacobs; David Kilburn; Mary Lucey; Erik Olson; Jessica Roemer; Hector Salas; Ligina Stokes; Jim Taylor; Darnell Williams; Eric Whitney

Office of AIDS Staff: Kevin Farrell; Marilyn Miller; Dana Pierce-Hedge; Carol Russell; Cynthia Smiley; Peg Taylor; Jan Vick

Planning & Support Staff: Stacey J. Powell; Monika Hudson; John Mortimer; Terry Wilson; Abbie Burbank; Robert Whirry (second day)

Guest: Mauricio Perez; Peter Mackler, Assistant to the Director of the State of California Department of Health Services (second day)

Introduction

- The two-day meeting held at the Doubletree Hotel Ontario was the second of a projected six quarterly meetings leading to completion of the Plan before December 2002.
- The two-part goal of the meeting was: 1) To discuss and reach consensus regarding the key elements of a general HIV/AIDS care continuum for the State of California; and 2) To begin to explore specific barriers to making each element of the care continuum available to all HIV-affected populations in the State. The meeting successfully accomplished both of these central goals.

Day One: Prioritizing Elements of an HIV/AIDS Care Services Continuum

- The meeting began with introductory comments by Dana Pierce-Hedge, which included the introduction of two new youth members of the Consumer Advisors group. Monika Hudson reviewed the agenda, and group members introduced themselves in terms of their organizational and community affiliation and their history of involvement in the HIV/AIDS epidemic.
- Stacey Powell presented the planning structure of the California Plan for HIV Care, emphasizing the roles and responsibilities of each committee in sharing their knowledge and experiences to develop a Plan that will allow for incremental changes in the delivery of care services in California.

- John Mortimer lead a group discussion designed to build on the recently completed Statewide Coordinated Statement of Need (SCSN). The goal was to develop a prioritized **continuum of HIV/AIDS care services** for California, using service categories identified in the SCSN. (The exercise mirrored an exercise conducted in August at the Care Services Advisors meeting.) To begin the exercise, the group first discussed the definition of HIV/AIDS care in California, which was determined to be, at a minimum:
 - knowing your HIV status
 - knowing the status of your immune system,
 - and accessing primary medical care.

Other indicators of being in care included having knowledge of the resources available to you, accessing support services or a spectrum of services, accessing education and prevention services, and completing a medical evaluation and monitoring.

- The session included adding additional service categories and many sub-categories to the list. The group clarified aspects of the SCSN service categories list and discussed several options for arriving at consensus on a recommended continuum of care.
- Initially the group placed nearly all service categories in one group and was having difficulty prioritizing. By the end of the day, the group agreed on a process by which each member would select **seven** top priority service categories. They agreed this would be the most efficient process for them to arrive at consensus on a continuum. Meeting staff would summarize top seven categories in a consensus ranking of HIV/AIDS care services in California.

Day Two: Exploring Barriers to HIV/AIDS Care

- The half-day morning session began with introductory remarks by Peter Mackler, Assistant to the Director of the State Department of Health, who attended the meeting as a guest.
- The committee then heard the tabulated findings of their combined vote for the seven highest-priority HIV/AIDS services in California. These findings were used to list **four** ranked tiers of service, based directly on Consumer Advisors feedback. These tabulation results are listed on the following page.

CONSUMER ADVISORS MEETING – OCTOBER 30-31, 2001
CONTINUUM OF CARE SERVICES TABULATION RESULTS

Note: A total of 22 participants chose 7 services each as top priority services

Category 1 (10 or More Votes Each)

Access to All Medically-necessary Drug Therapies (13 Votes)
Primary Medical & Specialty Care (16)
Dental & Oral Health Care (10)
Mental Health Services & Psychiatric Care (11)
Case Management / Specialty Case Management (15)
Housing Assistance & Support (14)

Category 2 (4 to 9 Votes Each)

Health Insurance Programs
Food & Nutrition Services
Transportation Services
Direct Emergency Financial Assistance including Utility & Rent Payments
Substance Use & Addiction Treatment & Support Services
Benefits Counseling & Support Programs
Legal Services including Immigration
Medication Adherence Education & Support
Complementary Therapies & Treatments & Alternative Therapies
HIV Prevention Programs for HIV-Positive People

Category 3 (1 to 3 Votes Each)

Financial Counseling / Payee Services
Translation & Interpretation Services
Outreach, Info & Referral Services
Harm Reduction Services
Home Health Care Services
Self Help Services
Child Care
Clinical Trials Access
Client & Peer Advocacy

Category 4 (No Votes)

Peer-to-Peer Support Programs
Buddy Programs
Hospice Care
Day Services & Respite Care
Provider Training & Education
Recreation & Socialization Activities
Employment Development, Placement & Training
Hepatitis C Programs

- For the remainder of the morning, the Consumer Advisors discussed specific **barriers to care** for each service category, beginning with the categories of **Primary Medical & Specialty Care** and **Access to Drug Therapies**.
- Consumers identified a broad range of barriers, many of which were general to the overall service categories, and many of which were specific to sub-populations affected by the epidemic. The following report lists barriers identified by the Consumer Advisors during this exercise, group first generally, then by population categories. Please note that the service categories below were **not** pre-identified by staff, but emerged organically out of the group's conversation

Service Category # 1: Primary Medical & Specialty Care

General Issues

- In Sonoma County, a **Multi-Diagnosed Task Force** brings diverse providers (MD, pharmacist, nutritionist, etc.) together to discuss cases and plan integrated client services
- Problem of interactions of different kinds of drugs, including psychotropics, HIV medications, etc
 - San Francisco has a "Warm" phone-in line program (for physicians and medical providers, not consumers) to ask questions about drug interactions, accessible at. www.Warmline.com
- There is a need for better guidelines regarding duplication of services in a given region, to avoid unnecessary services, or identify SAP – using clients' perspective to identify needs.
- Advocacy to enter needed services
- Inadequate referral when moving between communities
- What happens after you get tested?
- Lack of confidentiality can be a barrier
- Personal relationship with a provider that cares is a key element of access
- Providers that respect personal decisions about medications, lifestyles, etc.
- Lack of knowledge / awareness of services is a critical barrier – need service education / outreach
- Need ongoing provider training of primary doctors on emerging medical issues (e.g., effects of lipodystrophy on women)
- Intimate relationship between a pharmaceutical company and a specific Ryan White Clinic can be problematic – decreasing client medical choices
- Provider education needed
- San Francisco General Hospital – Success Story
 - Positive health practice
 - Far better care than in private care
 - No waiting
 - Due to continued prioritization
 - Hasn't seen barriers to availability in San Francisco area
- No treatment of non-HIV related and general health issues
 - Full physicals
- Need access to doctors with whom patient can work in shaping and modifying drug regimens, and sharing updated information

- Fresno area, no HIV clinic, just STD clinic
- Need to advocate for HIV+ to speak out
 - Results in more clinics, more programs – example, San Diego's successes
- Many appointments, many locations becomes overwhelming
 - Need 1 stop, 1 appointment time
- More use of incentives to encourage people
- Difficulty accessing and transitioning to specialty services (e.g., dermatology), and find HIV-knowledgeable / sensitive specialty providers
- Transportation (rural and urban)
 - On time buses, taxis
 - Funds to access transportation need to be expanded
- Effects on physical health from taking medications must be better explained to patients
- Finding a good doctor who communicates is critical
 - Responds to E-mails
 - Returns calls
 - Available for quick questions
- Limited contact with doctors if main provider is Family Nurse Practitioner (FNP) or Physician Assistant (PA)
- Full-time pharmacist availability is extremely helpful
- Traveling specialty care an effective model, particularly in rural areas
- Stigma crosses all populations
- Effect of medications on how you look, on how visible your HIV status might become to others

ACCESS ISSUES – Special Populations

Homeless Populations

- Homeless young people (hopeless; resort to survival sex; because they are young they believe they are invincible, with so many other problems, HIV is not a priority) can be brought into care by outreaching at retail locations.
 - Get and use product and coupon donations as incentives to enter care

Immigrant Populations

- For immigrants – need peer advocate, MD, nurse, transportation
- Hard to prioritize when needing to work to survive
- Difficulty for immigrants to go to clinics that have a lot of gay people
- Undocumented and/or migrant worker – not Medi-Cal eligible
 - Often only receive emergency care
- How undocumented people approach medical care is an issue
 - Fear of HIV status being revealed to family and friends
 - Fear of deportation by having status revealed

Mental Health-Affected Populations

- People facing mental health issues must be empowered to find out what's out there
- Mental illness creates major barriers in accessing care at all levels

- Grief, isolation and loss are all contributing factors to a high level of HIV-positive mental health needs
- Clients in primary with mental health issues face barriers including: colliding, non-integrated drug regimens, lack of psychotropic monitoring, lack of referrals, need for high-tolerance facilities (vs. HUD no-tolerance policy)
- Providers lack identified resources to help them deal with an in-office mental health crisis or situation, other than by removing the client from the office
- A key specialty area in HIV is psychiatric care – working with HIV doctor to coordinate meds, etc.
- There is a difference between mental health therapy and psychiatric care, and medical professionals often do not realize this
- There is a critical lack of intermediate level mental health services; services for everyone except in the most extreme situations do not exist

Rural Communities

- Doctors aren't there, or are overloaded with cases, in rural communities
- Distance and lack of adequate physician hours in rural areas creates access issues (e.g., 14 HIV+ people in a 400 sq mile area)
 - Traveling rural providers / doctors a useful service (Region-wide approaches to Care)
- Good rural model: HIV doctors visit and consult at community & Indian clinics (e.g., chart review bi-weekly)
- Difficulty reaching new populations in rural areas (Hmong & others)
 - Language barriers
- Lack of expertise (rural)
- Need better training

Latino/Hispanic Community

- A challenge arise up, in some cases, for Latinos relates to lack of provider sensitivity
- Lack of Spanish-speaking outreach workers to travel to camps
- In undocumented communities, often more than one HIV+ in same household - cluster infections
- Latino men who nearly always have sex with women, and occasionally with men – key vector of transmission
- Men having sex with men (MSM) in migrant communities are a target population that is often overlooked
- Difficulty talking openly to providers – not knowing what to reveal to whom – peer advocate gives a chance to say whatever needs to be said (trust)
- Fear to tell others in their community, so it is difficult to ask questions.
- Everything is written in English, creates feeling that no one wants to help
- Don't know where they can go, where to get information
- Need systems to have peer outreach for undocumented individuals
- Migrant workers need access to care after hours, on weekends, and more information on service availability
- No group appears to be taking responsibility for care of HIV+ monolingual Spanish-speaking population in California

- HIV+ migrant workers can be fired from jobs because of difficulty working in face of health issues

Incarcerated/Recently Released Populations

- HIV+ parolees (male & female), once released to the community, face stigma as formerly incarcerated persons
- Given only 60 days of medications upon release from prison
- No resource information regarding where services are located
- Face classism and racism in social attitudes/treatments
- Need more formerly incarcerated person in client advocacy and service development, in leadership positions

Youth

- Depression following diagnosis is a barrier to care
- Socialization is a key to youth services for support and to promote drug adherence
- Young people being linked to opportunities to be involved in leadership and activist roles
- Trained Peer Advocates are needed to help young people deal with shock of HIV diagnosis, and make the transition to care and support (and to help come out as HIV+)
- Lack of information in schools regarding where HIV resources exist
- Important to have a place that's inviting/friendly for youth
- Youth have overwhelming priorities to work with
 - San Diego has good program
- Outreach requirements
 - Take under wing right away, case managed right away
 - Need to get services to youth
 - Outreach workers that are peers

Injection Drug Users

- Judgmental attitudes affect willingness to access care
- Lack of veins creates difficulties in lab procedures required blood draws
- Needle exchange programs with doctor's participation
- Immediate care for abscesses, etc. needed
- For IDU's accessing care in Los Angeles, needle exchange programs are effective as a viable point of entry
- Whether people are using or not, they need full access to care

Women's Issues

- Providers need training regarding women's health
 - Side effects of meds
 - Dermatology
 - OB/Gyn exams

Service Category # 2: Access to Drug Therapies

- One participant noted that he is tired of ADAP serving as an 'entitlement program for pharmaceutical companies'
- Need to re-evaluate more cost-effective ways to finance drugs (e.g., insurance companies vs lower cost medications) so we can use dollars for other approaches / services (e.g. a conversion insurance payment program.) Look at re-allocation of drug costs. (benefits counseling is a growing need related to these issues)
- State has been looking at cost shift options for private insurance / Medi-Cal
- We should also view ADAP as a success – the drugs are working in many cases – Keep ADAP
- Challenge in administration of CARE HIPP – e.g., pharmacies not getting prompt approval for drug cost coverage, dropping the balance on re-certification process
- Need case managers who know benefits (currently doing regional training)
- Medication caps on health policies
- Uninformed individuals with health insurance companies
- Not as successful for Opportunistic Infections (OI) treatments and pain management
- Need to be able to learn system

Conclusion and Follow-Up

- The next meeting of the Consumer Advisors will take place In January 2002. At that meeting, Office of AIDS staff and consultants will lead a series of follow-up activities designed to gather key input into essential Plan components and recommendations. A full agenda and background packet will be mailed to Consumer Advisors at least two weeks prior to the next meeting.

PWA Caucus Meeting Groundrules

- **Facilitator/Chair enforces order**
- **Everyone has equal responsibility for the meeting ("Step up, Step Back").
If someone has already expressed your point, simply say that rather than reiterating.**
- **Each person has equal time and each idea has equal value**
- **Follow agenda; additional time for an item must be negotiated**
- **Stay on topic**
- **One person speaks at a time**
- **Mutual respect, no personal attacks**
- **Meetings are open to the community; agenda items can be added, time allowing**
- **Group strives for consensus**

Program	Medical Respite Beds	Star and Camelot Hotels
20 rooms rented by DPH within two SRO hotels, the Riviera Hotel and the Kean Hotel.	Two-story licensed Residential Care Facility with 24 long-term beds in 12 rooms and 10 short-term respite beds in 5 rooms	Two SRO hotels currently undergoing major renovation. Star is in the Mission and has support services and community space and 50 rooms for long-term housing. Camelot is in the Tenderloin and has support services and community space and 55 rooms altogether. 44 of those rooms are for long-term housing and 11 rooms are for SFGH respite.
Tenderloin AIDS Resource Center (TARC)	Collaboration: Page Street Guest House w/Richmond Area Multi Services, DPH - Housing and Urban Health Nurse Practitioner	Collaboration: Baker Places w/Tenderloin AIDS Resource Center (TARC), John Stewart Company (USCO) and Lutheran Social Services (LSS)
20 units	6 medical respite beds ear-marked for PLWH	33 units (16 at the Star, 17 at the Camelot)
Each client will be allowed a maximum of four (4) weeks stay per year. Each stay may be from a minimum of 1 week to a maximum of 4 weeks	Each client will be individually assessed. Maximum stay is 60 days.	Long-term housing
- HIV positive - Resident of San Francisco - Income is 30% of median or less - Currently/chronically or at risk of homelessness	- HIV positive - Resident of San Francisco - Currently/chronically homeless or at risk - Medical complications requiring respite - Need to continue case management and medical services with referring agency	- HIV positive - Resident of San Francisco - Income is 30% of median or less - Currently/chronically homeless or at risk; incl. past utilizers of AIDS Emergency Housing - Participation in 3rd party rent payment
- Mission Neighborhood Health Center - Glide Goodlett HIV Services - Tenderloin AIDS Resource Center - Black Coalition on AIDS - Positive Health Program - Ward 86 - Catholic Charities - Forensic AIDS Project - Castro Mission Health Center - Tom Waddell Health Clinic - Asian Pacific Islander Wellness Center* - St. Mary's HIV Services* - Haight Ashbury Free Clinics* - Lyon Martin Women's Health Services* - Native American Health Center* - TLC Program at Continuum* - San Francisco AIDS Foundation * = Integrated Services Agency	- Mission Neighborhood Health Center - Forensic AIDS Project - Positive Health Program - Ward 86 - Castro Mission Health Center - Tom Waddell Health Clinic - St. Mary's HIV Services* - Haight Ashbury Free Clinics* - Lyon Martin Women's Health Services* - Native American Health Center* - TLC Program at Continuum* - Asian Pacific Islander Wellness Center* - Glide Goodlett HIV Services	- Mission Neighborhood Health Center - Glide Goodlett HIV Services - Tenderloin AIDS Resource Center - Black Coalition on AIDS - Positive Health Program - Ward 86 - Catholic Charities - Forensic AIDS Project - Castro Mission Health Center - Tom Waddell Health Clinic - Asian Pacific Islander Wellness Center* - St. Mary's HIV Services* - Haight Ashbury Free Clinics* - Lyon Martin Women's Health Services* - Native American Health Center* - TLC Program at Continuum* - San Francisco AIDS Foundation - Baker Places, Inc.

(H) Access at a Glance/Updated 11/2001

At a Glance as of 11/7/01

HIV CONSUMER RIGHTS ADVOCACY PROJECT

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PWA CAUCUS – NOVEMBER 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	DPH/HWL	Confusion with HWL	Pending
2-	Mental Health	AHP	Reggie	Pending
3-	Housing	HWL	Management of List	Resolved
4-	Food	Open Hand	Re-instituting services	Resolved
5-	Housing	HWL	Alleged Misplacement	Resolved
6-	Mental Health	AHP	Denial of Services	Withdrawn
7-	Case Management	Derek Silva	Breach of Confidentiality	Resolved

- 1- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, client claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. No documents were located. Client also claims that residents of Derek Silva who allegedly have a brief enrollment date after his were offered a subsidy. Advocacy Project is investigating these claims.
- 2- Client sought services from AHP. During his intake client was informed that the information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project and filed a grievance on how to access mental health services from AHP without having the information shared with the other two agencies in the HIV Services Partnership. AHP responded with a special mechanism for this particular client to access services without having his information shared with the other two agencies. Client wants this option presented to all clients. Client is considering an appeal.
- 3- Client is concerned about how the HWL is being managed. Specifically, why a letter of diagnosis is necessary by the DPH when the Reggie system could provide this information. The client's second concern is the HWL's request for income verification that can vary widely in one year for a client depending on their health status. The Advocacy Project has contacted the HWL and inquired into these questions on behalf of the client. The HWL's response was that HIV information was not always provided by Reggie even if the client was registered with Reggie. With the new HWL, the

income information is static and could potentially overlook a person for a program if he/she was otherwise eligible. However, income information can be changed at anytime by the client calling the HWL to update their records. Client & Advocate also met with HWL staff at the November PWA Caucus meeting which was designed to inform PWAs about the new HWL. Client is not satisfied with final response; however, he will not appeal but hopes that more outreach will be done about the new HWL.

- 4- Client was forbidden to enter the premises of Project Open Hand for three years due to his hostile and abusive conduct and was denied services from the HIV Services Partnership for one year. Now that one-year suspension from the HIV Services Partnership has been satisfied, the client would like to begin receiving groceries from Open Hand. Advocacy Project has contacted Project Open Hand and requested a surrogate shopper for the client so that Project Open Hand's safety needs are carefully balanced with the client's need for food. Advocacy Project assisted the client in documenting his good faith effort to minimize future incidents by enrolling in anger management classes. Through mediation, Project Open Hand has agreed to a limited reinstatement of services that includes grocery pick-up by a surrogate shopper and the possibility of client re-evaluation in two years. Client is satisfied with the outcome.
- 5- Client claims that only a few months ago his subsidy placement on the HWL was about 300. Now, client claims that since the HWL has been transferred to the Dept. of Public Health his number has dropped to about 800. Although the client understands that some movement on the list is likely, he believes that a 500-drop in placement is outside the scope of a normal fluctuation. Client and Advocate will meet with staff from HWL at the next PWA Caucus meeting. Grievance was originally withdrawn due to inaction, but client later presented with documentation from Shanti that his numbers on the list might in fact be substantially lower. Further research by the Advocacy Project indicates that the client's original lower numbers were based on his placement in individual programs and that his 800 placement is based on his overall placement. Client is now more clear about his placement and satisfied with the outcome.
- 6- Client claims that he went to AHP to receive services. While waiting for his appointment, he stepped outside to have a cigarette. Client is an advocate for the use of medical marijuana and on that day was wearing a hat and t-shirt which demonstrated his perspective on the issue. When the time of his appointment arrived, the client was denied services because the staff at AHP believed the client had smoke marijuana outside before his appointment. Client also claims that when he asked to file a grievance he was told that no grievance procedure was available to him. The Advocacy Project assisted the client in filing a grievance and is awaiting a response from AHP. Grievance withdrawn due to client inaction.
- 7- Client claims that his case manager at Derek Silva disclosed his drug use to client's father without his consent. Client denies any drug use and has filed a grievance against the case manager for improper disclosure of confidential information. Client filed a grievance and Derek Silva responded in writing by stating that the case manager claimed she had a release of information to speak to the client's father and that the father approached the case manager and "expressed his concern." Client disagreed with these facts and the Advocacy Project then requested the release of information from Derek Silva. The first release, signed on 2/8/01, is blank and therefore authorizes no one to exchange confidential information with Derek Silva Staff. The second release, also dated 2/8/01, authorizes the case manager to share information with other Derek Silva staff, not the client's father. Client is not satisfied with Derek Silva's response and appealed his grievance to the Director of HIV Services at Catholic Charities. Catholic Charities has conceded that the case manager acted outside the scope of her authority has reprimanded the case manager. Disciplinary action is being taken as well as

training for all Catholic Charities staff members on issues of confidentiality and boundary limits in January 2001. Client is satisfied with the outcome.

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Case Management	Derek Silva	Alleged Breach of Confidentiality	Resolved
2-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
3-	Housing	SFAF	No extension of subsidy	Pending
4-	Housing	Walden House	Termination of Services	Pending
5-	Primary Medical	Haight Ashbury	Substandard Services	Pending
6-	Housing	BCA	Termination of Services	Pending

- 1- Client has two grievances against the staff at Derek Silva. The first grievance is based on her belief that she could not bring an advocate to meeting to a Clinical Case Conference. Derek Silva responded in writing by stating that their policy always allowed for such accompaniment. The second grievance was based on alleged breach on confidentiality. Client claims that she signed a release on information which allowed Derek Silva staff to speak to her psychiatrist only if her case manager was present. The Clinical Coordinator called the psychiatrist outside the presence of the case manager. The Advocacy Project requested the Release of Information and there was enough ambiguity in the release that it was uncertain who could talk to whom. There was no mention that the case manager needed to be present for any communications with outside mental health workers. Client will re-sign another release of information. Client is satisfied with the outcome.
- 2- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights. Client claims that after her request, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to provide staff with a Patient Bill of Rights so that other residents will better understand their rights during similar meetings. Client is considering an appeal as on the issue whether such rights should be provided at such meetings.
- 3- Client's partner died suddenly while vacationing in Asia. Client and his partner both received a subsidy through the SFAF. Now, client will not be able to live in his apartment with only his subsidy. The SFAF has paid the deceased partner's subsidy for approximately 2 months in order to give the surviving partner time to locate another apartment. The client has filed a grievance asking for more time because he suffers from a documented anxiety condition, physical manifestation of his AIDS condition as well as the difficulty in finding an apartment during the holidays. Client's doctor has stated that a forced move could be "life threatening." SFAF, client and Advocacy Project will meet next week to discuss a resolution, if any.
- 4- Client claims that she received substandard services from Walden House. Client filed a grievance outlining four areas of concern. First, client claims she was harassed by other residents for being a transgender woman and staff did not properly respond to her pleas for help. Second, client claims that she was kicked out of the program for a minor infraction. Third, client claims that when she was

asked to leave the program, she was not given any referrals for transition services. Finally, client claims that Walden House still has some of her possessions. Advocacy Project assisted client with a grievance and is awaiting a response from Walden House.

- 5- Client claims he received substandard medical services from Haight-Ashbury Free Clinic. After weeks of stomach pain and gastrointestinal problem, client went to Haight Ashbury for medical attention. Client believes that his symptoms were overlooked and misdiagnosed. Finally, when his concerns and pain were not taken seriously, client demanded blood work. When the results of his bloodwork were completed, the doctor told him he had AIDS without even performing an HIV test. Client claims that the physician based his knowledge solely on his 100 T-cell count. The client claims that the manner in which he was told was completely inappropriate. Client and Advocacy Project filed a grievance about his poor treatment and are awaiting a response.
- 6- Client claims that he was improperly terminated from his housing operated by Black Coalition on AIDS. In November, client claims that he was asked to leave in a very abrupt manner because he allegedly kicked in a door. Client claims that he did not do it. Because of his abrupt departure, client left some of his belongings at the unit and they have not been returned to him. Client also claims that because he did not stay a full month, he is entitled to a portion refund of the rent he paid. Finally, client claims that a member of the staff was selling drugs near the building. Client filed a grievance and is awaiting a response.

Referral Calls:	New Leaf Services	1
	Derek Silva Grievance Procedures	2
	Community Boards	1
	Kaiser Grievance Procedures	2
	HIV Resource Guide	3
	PWA Caucus	1
	SF Police Department	1
	ALRP Services	1
	Seven on Your Side	1
	Peter Claver Grievance Procedures	1
	HWL Services	1
	CUAV	1
	<u>Apollo Hotel Grievance Procedures</u>	<u>1</u>
	Total	17

* Duplicated Client

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS – DECEMBER 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	DPH/HWL	Confusion with HWL	Pending
2-	Mental Health	AHP	Reggie	Pending
3-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
4-	Housing	SFAF	No extension of subsidy	Pending
5-	Housing	Walden House	Termination of Services	Pending
6-	Primary Medical	Haight Ashbury	Substandard Services	Pending
7-	Housing	BCA	Termination of Services	Resolved

- 1- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, client claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. No documents were located. Client also claims that residents of Derek Silva who allegedly have a later brief enrollment date have been offered a subsidy. Advocacy Project is investigating these claims.
- 2- Client sought services from AHP. During his intake the client was informed that his information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project and filed a grievance on how to access mental health services from AHP without having his information shared with the other two agencies in the HIV Services Partnership. AHP responded with a special mechanism for this particular client to access services without having his information shared with the other two agencies. Client wants this option presented to all clients and the Advocacy Project is assisting the client in asking AHP to provide this "AHP only" option to all clients.
- 3- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting

with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director if the information is appropriate for a housing program and how the information should be disseminated to clients.

- 4- Client's partner died suddenly while vacationing in Asia. Client and his partner both received a subsidy through the SFAF. Now, client will not be able to live in his apartment with only his subsidy. The SFAF has paid the deceased partner's subsidy for approximately 2 months in order to give the surviving partner time to locate another apartment. The client has filed a grievance asking for more time because he suffers from a documented anxiety condition, physical manifestation of his AIDS condition as well as the difficulty in finding an apartment during the holidays. SFAF, client and Advocacy Project met to discuss a resolution; however, the SFAF could not offer a transition plan because the HRSA regulations do not allow for a transition plan for more than 30 days. Advocacy Project has requested a copy of these regulations from the program manager.
- 5- Client claims that she received substandard services from Walden House. Client filed a grievance outlining four areas of concern. First, client claims she was harassed by other residents for being a transgender woman and staff did not properly respond to her pleas for help. Second, client claims that she was kicked out of the program for a minor infraction. Third, client claims that when she was asked to leave the program, she was not given any referrals for transition services. Finally, client claims that Walden House still has some of her possessions. Advocacy Project assisted client with a grievance and is awaiting a response from Walden House.
- 6- Client claims he received substandard medical services from Haight-Ashbury Free Clinic. After weeks of stomach pain and gastrointestinal problems, client went to Haight-Ashbury for medical attention. Client believes that his symptoms were overlooked and misdiagnosed. Finally, when his concerns and pain were not taken seriously, client demanded blood work to be done. When the results of his blood work were completed, the doctor told him he had AIDS without even performing an HIV test. Client claims that the physician based his knowledge solely on a low T-cell count (100 T-cells). The client claims that the manner in which he was told was completely inappropriate. Client and Advocacy Project filed a grievance about his alleged poor treatment and are awaiting a response.
- 7- Client claims that he was improperly terminated from his housing operated by Black Coalition on AIDS. In November, client claims that he was asked to leave in a very abrupt manner because he allegedly kicked in a door. Client claims that he did not do it. Because of his abrupt departure, client left some of his belongings at the unit and claims they have not been returned to him. Client also claims that because he did not stay a full month, he is entitled to a portion refund of the rent he paid (approximately 2 days). Finally, client claims that a member of the staff was selling drugs near the building. Client filed a grievance with assistance of Advocacy Project. BCA responded that numerous witnesses, both staff and residents, could verify the violence created by the client. BCA also stated that they are not in possession of any personal property belonging to the client and that the client returned the following day to pick up all of his property. While responding to the allegations, BCA did offer the client the opportunity to apply for the program again. Client declined. Client is not satisfied with the result is contemplating an action in small claims court.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Housing	Derek Silva	Access to Services	Pending
2-	Housing*	Derek Silva	Freedom of Expression	Pending
3-	Housing	Derek Silva	Eviction	Resolved
4-	Housing	SFAF	Documentation Production Time	Pending
5-	Housing	Haight Ashbury	Standard of Care	Pending
6-	Money	AEF	Access to Services	Resolved

- 1- While living at Derek Silva, the client receives regular assistance through a worker at In-Home Support Services (IHSS). This IHSS worker arrived for her shift to assist the client and had an altercation with another resident in the building. As a result of this altercation, the IHSS worker was asked to leave the building. The client filed a grievance because he claims he was told that his IHSS worker would never be allowed to enter the building again. The Advocacy Project contacted the Program Director who met with the IHSS worker to determine if the IHSS worker could in fact be a threat to other residents in the building. It was determined that the IHSS worker was not a threat and within 24 hours was admitted into the building. Client is still waiting for a written response from the Program Director
- 2- All residents at Derek Silva received a copy of a new non-discrimination and harassment policy. Client believes this policy was directed at him personally because he is an artist and his artwork contains an image of Archbishop Levada in an unfavorable light. Secondly, client claims that the new policy was not signed; therefore, he was uncertain who sent out this new policy. Client claims the community was never consulted in the development of this new policy. Client filed a grievance on these two issues and the Program Director responded that this new policy was given to all Catholic Charities employees and clients and distributed to every Catholic Charities program. Because Derek Silva's response did not include an answer regarding his complaint about lack of community input in policy creation, client is contemplating an appeal.
- 3- Client was served with an eviction notice based on failure to pay rent. Advocacy Project contacted the Program Director in an effort to negotiate a payment plan. During the mediation, Derek Silva presented evidence of hostile and abusive conduct and drug selling by the tenant. All parties agreed that the eviction action could be dismissed if the client attended a 90-day residential drug treatment program and pay the outstanding rent. ~~Client is reluctantly satisfied with the outcome.~~
- 4- Client receives a subsidy from the SFAF and began working a few months ago. Client called the SFAF to inform them that he was working. The SFAF informed the client that his next check would be suspended until he could demonstrate more clearly how much money he had earned over the last few months. Because the client works for the SF Unified School District, obtaining the proper documentation was difficult to retrieve quickly; however, client was able to obtain the proper documentation and the client's subsidy was paid on time. Client filed a grievance so that funds should not be suspended while necessary documents are being provided. Client believes that a 30-day response time should be allowed for in providing financial documentation. The SFAF disagreed and claims that they could potentially be violating a funding contract by releasing a check for a client who no longer meets the eligibility requirements by working. Client is not satisfied with the response

and has requested documentation from the SFAF regarding this alleged provision that would not allow for his desired flexibility. Advocacy Project is monitoring the grievance.

- 5- Client claims that she does not receive adequate meal portions while staying at the Smith Ryan residential house that is operated by Haight Ashbury Free Clinics. Additionally, client claims that other residents are hostile to her HIV status and staff has been unresponsive to her complaints. Because the client fears retaliation, the Advocacy Project filed a confidential grievance based on the client's claims and is awaiting a response.
- 6- Client claims that he was treated unfairly at the AIDS Emergency Fund (AEF) while trying to access services. Client believes that he was told that he was not eligible for services because of a personality difference and/or miscommunications with the in-take staff person. Client filed a grievance and the Interim Executive Director provided a response that he would investigate the issues and talk to all staff members involved. Client is satisfied with the outcome.

Referral Calls:	Alternative Medical Services	1
	SF Redevelopment Agency	1
	HIV Resource Guide	2
	Project Open Hand Grievances Proc.	1
	ALRP	2
	<u>Derek Silva Grievance Procedures</u>	<u>1</u>
	Total	8

* Duplicated Client

December 4, 2001

Susan Haikalis, LCSW
SFAF
995 Market Street, Ste. 200
San Francisco, CA 94103

Dear Ms. Haikalis,

In April 2001, I began receiving a standard CARE-funded subsidy from the SFAF. When I began receiving the subsidy, I was employed for San Francisco Unified School District (SFUSD) as an assistant substitute teacher. However, I was not working because of health issues and the lack of teaching opportunities during the end of the school year. When I met with Michelle, subsidy case manager, I explained my employment situation. She stated that because I had no income my employment status was not important. During the summers months I worked a few hours.

After the summer vacation when school started again in September, I began working for the School District. During these next two months I earned approximately \$500 per month. A few weeks later on November 27, 2001, I left a message for Michelle that explained that I had some checks that I wanted to share with her regarding some recent work that I had completed. She returned the phone the following day. In her message, she said, "I have put a hold on your December check until we can figure out what is going on." As you can imagine, I was quite frightened when I received this message. I felt that I was acting in good faith and felt my efforts to be honest were not received in a good light. Because I received her message late, I was unable to call her that day. The following morning I called her and she asked me to come in that afternoon. I dropped everything and I met with her immediately thereafter. When I arrived, I met with Michelle and Ramon Matos and was told that they could not release my December subsidy check until further documentation could be provided for all the pay periods since the beginning of September included the period when I had no income at all.

I immediately called SFUSD with Michelle and was informed that my personal situation could not be handled any more quickly than Monday, December 3, 2001. My assurances and my employer's assurances were not sufficient. Michelle stated that once the documentation was received, the check could be released. There were no guarantees that my check would be ready on time.

Michelle called me the next day that the proper documentation had arrived and that my December rent would be mailed to my landlord. At this point, I was relieved and also concerned that other clients who are similarly situated will not be able access the documentation as quickly

as I was. I believe that a person with HIV would feel more secure if their most important asset is not threatened by the need for documentation on a moment's notice. I can see any number of reasons that documentation could take some time to obtain.

I would like the SFAF to reconsider its policy regarding the time frame for providing documentation. I would like the new policy to include a provision whereby any request for information by the SFAF would allow a 30-day response time by the client. In this way, clients could more easily and without disruption to their lives and sense of security retrieve the needed information that is essential to their housing. If extreme circumstances do not allow for information to be gathered during this window, after careful review, the case manager on a discretionary basis could apply for an extension. I do support the efforts for income verification in order to equitably distribute funds as fairly as possible. I am eager and willing to assist and comply with this effort.

I would hope this new policy would achieve three objectives. First, to facilitate smoother communications, better collaboration and improved relations between clients and case managers. Second, to eliminate the fear that coincides with having the security of one's home threatened with financial uncertainty. Third, to give case managers more flexibility to achieve a client-centered system of care.

I would like to say that Michelle and Ramon handled the situation in a professional manner; however, based on our conversation, they informed me that they were mandated by their grant to act in this way. I would like to give them more discretion to be able to reflect on their determinations and to avoid making such important decisions in haste.

I look forward to your prompt response. If there is any information that you would need or would like to meet to discuss this issue, please do not hesitate to contact me anytime.

Sincerely,

A handwritten signature in black ink, appearing to be 'Wayne Peace', with a long, sweeping horizontal line extending to the right.

Wayne Peace
415-626-3825

cc: Richard Bargetto, HIV Consumer Rights Advocate
Daisy Leyva, SFDPH Program Manager
PWA Caucus of the HIV Health Services Planning Council

JAN 24 2002

SAN FRANCISCO
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HOUSING COMMITTEE MEETING****Meeting Date:** January 9th, 2002**Meeting Place:** 25 Van Ness Ave., Room 330B**Meeting Time:** 3pm - 5pm**Members Present:** Brad Hume (Committee Chair), Margot Antonetty (Committee Co-Chair); Kevin Johnson; and Ali Riker.**Others Present:** Amy Cunningham (SF AIDS Foundation); Andrew Williams III (HUH); Eric Whitney (Council Coordinator); Rodney Murphy (Catholic Charities); Elizabeth Colomello (SF Redevelopment Agency); Laura Thomas (SF DPH – AIDS Office); and Robert Owens (Council Admin. Asst. - Minutes).**Next Meeting:** Wednesday, February 6th, 2002, 25 Van Ness, Room 330A, 3pm – 5pm**Introductions**

Brad Hume introduced Margot Antonetty as the new second Co-chair of the Housing Committee and that she will lead the meeting today.

Announcements / Public Comment

Brad Hume announced that this would be the last time that the Housing and the PWA Caucus will be meeting on the same day; the PWA Caucus will be held on the second Wednesday of the month. *Brad Hume* also announced that the Housing Rights Committee, that offers free housing counseling on housing rights might be closing due to funding and organizational issues. *Laura Thomas* announced that the award for Title 1 has not yet been announced, President Bush has not yet signed the Appropriation Bill. In addition, *Brad Hume* announced that the Mission Neighborhood Resource Center is looking for members for their Advisory Committee; please see Brad Hume or Laura Guzman for application forms.

Rollover Funds Update

Margot Antonetty announced \$200,000 requested was awarded: to maintain the quality of the Housing Program; \$100,000 to be used for subsidy programs and \$100,000 to be used for transitional and long-term residential programs.

Reductions

Brad Hume passed out the Care Reduction Protocol for FY 02-03, discussed the Protocol Meeting that was held before the holiday break, and the levels of reduction recommendations. *Brad Hume* announced that the Protocol was approved by the committee, but has not yet been approved by the Care Council. See *Attachment A*. *Amy Cunningham* asked if there was any discussion about additional cuts? *Laura Thomas* announced that there is a sense that there will be more cuts from HRSA.

Update on Broderick, Camelot, Star, and Emergency Housing

Margot Antonetty presented information on the application process, application deadlines, move in times, procedures, requirements for acceptance, screening process, and number of beds

available. The committee discussed length of process, providers, contractors, and property management roles, and clients' responsibilities.

Needs Assessment

Brad Hume announced that the proposal was reviewed and approved for \$175,000. *Eric Whitney* requested to forward any questions about the Needs Assessment to him; he would present them at the next Needs Assessment Task force Meeting. *Eric Whitney* announced that the full presentation of the Needs Assessment outcome will be in May at the Care Council Meeting. *Eric Whitney* discussed the Needs Assessment Contractors meeting and outcome. *See Attachment B.*

New Business

Margot Antonetty announced that the SRO Task Force will have a public meeting in February at City Hall, Room 238 and requested that at least one member of the committee could attend; and if they wanted to attend, that they would need to ask for a seat. She will bring more information to the next Housing Committee meeting.

Next Agenda

Items requested for the next agenda are as follows: Update on Broderick, Camelot, Star, and Emergency Housing, Needs Assessment, Information from SRO Task Force, follow-up with ALRP, and Rollover Update.

Adjournment

DRAFT 12/10/01

CARE REDUCTIONS PROTOCOL FOR FY 02-03

Part I

Background: It is important for contracting purposes to know that the funding level for some contracts will remain stable through FY 03-04. This will allow HIV Health Services to establish two-year contracts with some providers beginning next Spring (FY 02-03). Also, in order to begin the contracting process as early as possible, it is critical to know which (if any) services will be held harmless. **Except as noted in Part II (below)**, the following services will be held harmless for FY 02-03 and FY 03-04: Primary Care, Integrated Service Programs (ISP), and Housing.

Part II

Background: Based on priorities set by the HIV Health Services Planning Council, if additional funding is not forthcoming, it will be necessary to reduce funding for some services in order to fund new and expanded service initiatives. These new and expanded service initiatives include a Quality Management program (\$250,000), funds to ensure that existing housing stock is not reduced (\$455,000), and additional Planning Council Support dollars (\$25,000).

First Level of Reduction: A number of programs returned unspent contract dollars in FY 00-01. The following is a summary of the source of these unspent dollars by service sub-category. These programs will be reduced proportionately based on the need for additional funds to cover new or expanded service initiatives and to meet any deficit up to the total amount available. Note that this list excludes most of the unspent funds within Health Care Integrated Service Programs (ISP) because, based on Planning Council priorities, \$150,000 of these dollars will be reallocated to provide mental health and substance use services within the ISP category. The list also excludes agencies with new programs that did not spend all of their contract amount as well as Planning Council Support funds and Housing dollars that were previously reallocated by the Planning Council. Primary Care components of ISP's are also held harmless so as to not remove resources from a geographic area with severe need populations.

Contractors that left \$8,500 or more unspent in FY 00-01 will be reduced by the amount unspent. Contracts are grouped by service sub-category. **For this level of reduction, no sub-category is held harmless but some programs are protected from reductions as noted above.**

Service Sub-CategoryReduction

Primary Care	\$52,751
Integrated Service Programs - ~~open staff~~	\$23,649
Home Based Home Care - ~~staff turnover~~	\$ 9,000
Residential Sub Use Tx -	\$19,796
Residential Mental Health - ~~process~~	\$ 8,999
Methadone Maintenance - ~~and then is not shown~~	\$15,963
Outpatient Sub Use - ~~no staff~~ ^{Δ in}	\$42,179
Day/Respite Care - ^{medicare eligibility}	\$16,843 - 8500
Money Management - ^{law was}	\$16,243 - 8500
Subtotal	~~200,000~~

child care

cut in half

Needs Assessment 2002
Housing Committee
“What we would like to know”

The following is a list of information that the Housing Committee would like to obtain from the needs assessment to be conducted during 2002. It is the committee's recommendation that the contractor start with REGI, looking at where people have lived in the last year, with attention paid to PWAs with a criminal justice history. Given that the Housing Wait List is closed, the Housing Committee recommends not doing a comparison of PWAs on/not on the list. Simple demographics seem ample. The Housing Committee is interested in knowing what instrument/s will be used to create the needs assessment and if they will be administered in languages other than English and Spanish.

- Where have people been living in the last year?
- Where are they living now?
- What is the living situation they would like to have in the future?
- How much of their monthly income goes toward housing?
- How many people are receiving on-going rental assistance?
- Is their living situation safe, habitable, and stable?
- What housing related services have they used in the last year?
- Did those services help improve their housing situation?
- What are the barriers to finding housing? (particular attention paid to criminal justice history, difficulty obtaining a sec. deposit, and landlord discrimination)
- Why do people lose housing and are there services which could have helped prevent that.
- How many people got into “care” because they obtained housing?

The Housing Committee understands that it is not our responsibility to come up with the specific tool/s or questions. This list summarizes what we would like to know about PWAs in the EMA.

email to council.

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HIV Health Services Planning Council NEEDS ASSESSMENT CONTRACTOR MEETING

Meeting Date: January 14th, 2002

Meeting Place: 25 Van Ness Ave., 5th Floor Conference Room

Meeting Time: 3:30pm - 5:10pm

Present: Eric Whitney (Council Coordinator); Laura Thomas (SF DPH – AIDS Office); Joseph A. Cecere (DPH); John Conley (San Mateo County – Health Services); Steven La France (LFA); Michael De Mayo (LFA); and Robert Owens (Council Admin. Asst. - Minutes).

By Phone: Mitchell Cohen (LFA).

Next Meeting: Tuesday, January 15th, 2002, 25 Van Ness, Room 330A, 4:30pm –6pm

Introductions

Announcements

Michael De Mayo announced that the Marin County will not be participating in the Needs Assessment; San Francisco and San Mateo are the only counties participating, because Marin recently completed their own Needs Assessment.

Goals

Michael De Mayo reviewed the following goals for the meeting: review the report structure and review sample reports. *Laura Thomas* requested the following to be reviewed: demographics, population sub-categories, analysis and description of categories, what would be useful for the council, and layout population sub-categories.

Review of Sample Consent Form

The group discussed CO-MORBIDITIES, housing status and demographics, definition of homelessness, STD's, and multiple diagnoses. *Mitchell Cohen* discussed the break down of the HIV demographics, with and without symptoms questions, eligibility of CARE and the criteria for service, and access to health care concerning insurance and coverage issues. *The group* discussed income eligibility, relationship between information needed, survey questions, and the REGGIE system, and the analysis of types of coverage and outcomes of clients on CARE, medications, and adherence to a HIV drug cocktail. *The group* reviewed how PLWH/A individuals received information and education on HIV, how programs received funding, and what needs are being filled and where are the gaps in current HIV programs existing.

Review of Sample Analysis

The group discussed chart layouts, how data is to be presented, and the example of cost per unit of service. *Laura Thomas* requested that Transgender category be added to the

demographics. *The group* discussed effectiveness of the survey, barriers in receiving services, ease of access to services, client satisfaction, and what services are available to PLWH/A individuals in San Francisco and San Mateo. *The group* reviewed what findings will be produced from the surveys and how will that information be used.

Review of Definition of CARE

Laura Thomas and the group discussed the definitions of out-of-care and delayed care for PLWH/A, ways of reporting the information, validating the data, how CARE services and HIV is defined, and increasing sample size from previous Needs Assessments. *Joseph Cecere and the group* discussed the administration of the survey, amount of time required to take the survey, reaching difficult populations, working with high and low functioning PLWH/A's, substance abuse issues, and mental health issues. *The group* discussed the PLWH/A's out-of-care and the HRSA definition of out-of-care. *Laura Thomas and the group* discussed reaching difficult populations, new immigrants, the undocumented population, over sampling African Americans, Latin Americans, and women, and the participation and co-operation of the providers. See *Attachment A*.

Adjournment

**DEFINITION:
OUT-OF-CARE (UNCONNECTED TO CARE) AND DELAYED CARE
SEEKING FOR PLWH/A¹**

By
Partnership for Community Health
January 14, 2002

Care seeking is a dynamic process and might be seen along a continuum where one extreme is unconnected to care and the other is regular monitoring for HIV infection. Between those two extremes are those who have:

- A pattern of starting care after a period of delay and continuing care,
- Those who have started care and stopped, and
- Those who have an inconsistent pattern of starting and stopping care.

In New York, in the 1999 Community Health Advisory and Information Network (CHAIN) report *"Unconnected Revisited: A CHAIN Brief Report"*, "unconnected to care" is defined as a PLWH/A who reported no care in the past year and, in an independent question said they did not have any regular care.

In another study in New York, using the HIV/AIDS Reporting System (HARS) data, a proxy measure to delayed care was defined by the presence of low CD4 counts (<50 cells/uL) or an AIDS defining opportunistic infection (OIs). Whether a person was seeing a primary care physician regularly or was having regular monitoring reported was not included in the definition.

In San Francisco, "not in care" is defined as people living with HIV who know their HIV status and have not seen a clinician for HIV-related medical care in more than six months.

In developing a more precise definition there are four factors that should be considered:

1. Stage of infection
2. Time from diagnosis to initial primary care visit
3. Length of time between visits
4. Adherence to scheduled visits

Operational Definition of Unconnected to Care and Delayed Care Seeking

PCH believes that the following offers a set of rules that would allow meaningful analysis for delayed care and unconnected or out-of-care.

¹ This is a working definition developed by PCH and has not been accepted by HRSA. Any use of this definition should cite PCH.

Newly diagnosed (3–6 months of knowing infection)

- A newly diagnosed PLWH/A who does not see a physician after three months, but starts care within 6 months, would be considered a delayed care seekers, regardless of stage of disease.
- A newly diagnosed PLWH/A who has not seen a primary care physician within six months would be unconnected to care.

Diagnosed with HIV for more than 6 months

- Any PLWH/A who knows his/her infection for over 6 months, and has not seen a physician in over a year, regardless of previous care practices, would be considered unconnected to care.
- Any PLWH/A would be considered a delayed care seeker if he or she visited a physician, is in the early stages of HIV infection (learns they have a CD4 cell count, viral load, and OI profile that are above the threshold to start HAART), and misses two consecutive appointments or, if he or she does not have a physician or clinic, does not seek care for an additional six months after an appointment.
- Any PLWH/A would be considered a delayed care seeker if he or she visited a physician, learns his/her health status is in the more advanced stages of HIV (CD4 count, viral load, and OI profile meets the standard to start HAART), and misses an appointments or, if he or she does not have a physician or clinic, does not seek care for an additional three months after an appointment.

In all instances seeking emergency room care will not qualify as seeking primary care for HIV infection.

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HIV Health Services Planning Council NEEDS ASSESSMENT TASK FORCE MEETING

Meeting Date: January 15th, 2002

Meeting Place: 25 Van Ness Ave., 330A

Meeting Time: 4:30pm - 6pm

Members Present: Donald Frazier (Co-Chair & Walden House); Felicia Elizondo; Norman Tanner; Sam Kaplan (Medical); Mjay Sanders (Co-Chair PWA Caucus); Brad Hume (Chair Housing & Co-Chair PWA Caucus); Kevin Johnson; Catherine Geanuracos (Co-Chair Steering); Ali Riker

Others Present: Eric Whitney (Council Coordinator); Laura Thomas (SF DPH – AIDS Office); Joseph A. Cecere (DPH); Bobby Cook (Immune Enhancement Project); Richard Bargetto (HIV Consumer Rights Advocate); Michael De Mayo (LFA); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Tuesday, January 22nd, 2002, 25 Van Ness, Room 330A, 4:30pm – 6pm

Introductions

Announcements

Michael De Mayo presented the goals of the meeting: to give a status update and outline the participation necessary from the Needs Assessment Task Force. *Michael De Mayo* gave information about the two research and consultation firms handling the assessment and presented the conceptualization process and preliminary setup.

Needs Assessment Design

Michael De Mayo reviewed the design of the assessment including: client base and demographics, out-of-care definition (CARE council's definition and an expanded definition from La France & Associates), incentives for client participation, and counties participating. *Needs Assessment Task Force* discussed the LFA's definition of out-of-care compared with the CARE council's version. *Sam Kaplan, Laura Thomas, Catherine Geanuracos and Michael De Mayo* discussed the HRSA mandate in conjunction with the CARE council's and LFA's expanded definition of out-of-care. *Michael De Mayo* discussed previous Needs Assessment by other EMA's and gave reasons for LFA's definition. *Laura Thomas* announced that LFA's definition will still meet HRSA's mandate. *Bobby Cook, Kevin Johnson, and Michael De Mayo* discussed how to reach PLWA/H who are out-of-care. *Sam Kaplan and Michael De Mayo* discussed the use of focus groups, the pros and cons in using them, how they will be used in the Needs Assessment, and time constraints. *Brad Hume, Donald Fraizer, and the Needs Assessment Task Force* discussed the involvement of the providers, as well as mental health, incarceration, and substance-user issues, and how to inform providers and elicit their participation. *Michael De Mayo* reviewed a sample worksheet of the distribution of population across the EMA. *Sam*

Kaplan and Michael De Mayo discussed how the samples will be weighed and over-sampling of some populations.

Content of Needs Assessment

Michael De Mayo discussed the issues conducting the assessment, gave description of how data will be analyzed, the needed information from providers, and the purpose of the assessment: to identify gaps in services, barriers to services, the unmet needs of clients possibly capacity of agencies and the service delivery system, and thus inform the council to enable them to address identified problems. *Michael De Mayo* also discussed how focus groups will enhance the data and the focus on quality of care. *Needs Assessment Task Force* discussed a need for a definition of homelessness and how to obtain one.

Adjournment

Implementation & Evaluation COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: February 4th, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5pm - 7pm
Members Present: Brad Hume; John Conley; Karen Wuopio; Donald Frazier; Susan Shea; Ken Pearce; and Charlene Pugh.
Others Present: Eric Whitney (Council Coordinator); Russ Zellers (HHS); David Mancias (HHS); Celinda Cantu (HHS); Marshia Herring (HIV Health Services); Joseph A. Cecere (DPH); Michelle Long Dixon (HIV Health Services); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Tuesday, March 12th, 2002, 25 Van Ness, Room 330B, 3pm - 5pm

DOCUMENTS DEPT.

Introductions

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Announcements / Public Comment

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There were no announcements or public comments.

Continued Discussion from the Retreat

Susan Shea overviewed the discussion about the Implementation & Evaluation committee from the council retreat, with discussion centering how the past I & E focused more on the evaluation part of the work rather than the implementation part. The discussion included the following:

- Separating I & E committee into two committees; an Implementation Committee and an Evaluation Committee. Hence, creating two meetings a month.
- Problems with attendance with an increase in the number of committees and meetings.
- Developing an email discussion group.
- Keeping I & E committee together, with subject matter sub-committees, i.e. mental health, substance abuse, etc.

The committee decided to keep I & E together in the same committee and table having sub-committees or task force committees under I & E for discussion at a future meeting.

Meeting Day & Time Discussion

The committee reviewed the current day and time of the meeting and with great discussion decided to move the meeting to the second Tuesday of the month from 3pm - 5pm for a trial period of three months.

Co-chair Nominations

Susan Shea, John Conley and Charlene Pugh were nominated for co-chair positions on the committee. John Conley declined the nomination. *Susan Shea* purposed that she and *Charlene Pugh* would be co-chairs and that *Susan* would mentor *Charlene* while she awaits her appointment to the council. *Susan Shea* also suggested that *Sam Kaplan* might be interested in a co-chair position as well. A vote was taken resulting in the approval of *Susan Shea* and *Charlene Pugh* as co-chairs for the I & E committee.

Strategic Planning for the next 6 Months - Implementation Action Plan

Susan Shea and the committee outlined the following tasks for the implementation part of the committee:

- Review of the last two years of prioritization. Have the Department of Public Health present, at the April I & E meeting, an update about what has and hasn't been implemented from the prioritization, problems implementing the plan, and figure out what the committee needs to do next.
- Review of Unfunds. Have the Department of Public Health present, at the March I & E meeting, the status of unfunds, what they are used for, and where do they come from. The strategy set forth by the I & E committee is to help the full council become pro-active concerning unfunds.
- Review of Integrated Services. Have the Department of Public Health present, at the April meeting, a report on the services provided, and gaps in services.

The committee discussed each outlined task and requested information and reports regarding each one.

Susan Shea and the committee outlined the following task for the evaluation part of the committee:

- Review of Standards of Care completed by Harder & Company. *The committee* would like a report presented at the March I & E committee meeting. *The committee* discussed the Standard of Care report which focused on primary health, dental, mental health, and substance abuse issues concerning the minimum standards that client should expect across the EMA.

- Review of the Grantee Assessment. *The committee* discussed when the next assessment should happen and requested the language that focuses on Grantee Assessment in the Ryan White Care Act.
- Needs Assessment was discussed and the committee decided to remove responsibility from I & E, and allow the Needs Assessment Task Force to handle it fully. *Eric Whitney* gave a status update on the Needs Assessment process.

The committee then requested from the Department of Public Health an update on Quality Management and the role of DPH to the I & E Committee.

Adjournment

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: January 28th, 2002

Meeting Place: City Hall, The Mayor's Conference Room, room 201

Meeting Time: 4:30pm - 7:30pm

I. Call to Order

4:30pm

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II. Roll Call

See Attachment A. A quorum was established.

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III. Review and Approval of Agenda

The Agenda was approved.

IV. Review and Approval of Minutes

Several grammatically and informational corrections were made to the November minutes. The minutes were then approved by a majority vote and were placed into the permanent records.

V. General Announcements

- *Brad Hume* stated that in the month of December, he and *Mary Jane Wood* toured services organizations in San Mateo County, and conducted a site visit with Leland House at the request of *Norman Tanner*. Both *Brad* and *Mary Jane* were impressed with the County of San Mateo and the services organizations that they visited and *Brad* was impressed with Leland House.
- *Norman Tanner* invited the council members to come and visit Leland House.
- *Felicia Elizondo* stated that the individuals that work at Leland House are very dedicated.
- *Carmen Madriz* announced that she will not be renewing her membership with the council and that this was her last meeting.
- *Mary Jane Wood* announced that she will not be renewing her membership with the council and that this was her last meeting.

VI. Public Comments

Laura Thomas thanked everyone that attended the presentation by Scott Evertz.

VII. Committee Reports

A. Steering Committee

i. Needs Assessment Task Force

Steven La France and Basil Reyes gave an overview of the Needs Assessment project, reviewed the scope of work, goals, objectives, and initial design, confirmed the schedule, and elicited feedback. *See Attachment B.* *Basil Reyes* defined how the HRSA mandate will be addressed in the Needs Assessment. *Karen Wuopio* discussed why Marin is not participating in the Needs Assessment due to the fact that they just completed their own Needs Assessment and are currently in the analysis phase. *Basil Reyes* stated the importance of provider participation and what information they will be asking from them, using a four page questionnaire; most of the data from providers will be collected from REGGIE. *Catherine Geanuracos* stated that this process will minimize the burden on providers. *Basil Reyes* stated that the information collected from the providers will show the available capacity of services and the needs for services. *The council* then discussed the interviewing process.

ii. Rollover Reallocation - VOTE

VOUCHERS - Approved from this year from the carry-forward budget:

Food - \$95,000

Bus Tokens - \$25,000

Proposed purchasing additional vouchers: \$117,890
remaining from other

approved carry-forward programs (\$100k from emergency housing; \$16,640 from Quality Management; \$1,250 from assessing SA tax exempt for women w/children):

Household Goods - \$97,890 Goodwill

Food - \$20,000 Burger King and Mc Donald's

See Attachment A - Columns #2 & #3.

iii. Reduction Protocol Discussion

Russ Zellers presented and reviewed the Proposed Outpatient Substance Use Service Reductions. *See Attachment C.* *Michele Long-Dixon* announced that the General Fund budget will be presented at February's council meeting; expect a deficit. *The council* discussed that there should be alternatives for those services that are cut. *Michelle Long Dixon* discussed the budget for the City of San Francisco, it's approval, and the CARE award. *Catherine Geanuracos*

announced that the Steering Committee will discuss the reductions at February's meeting and there will be a vote on it at February's council meeting.

iv. Retreat Discussion

The council discussed the location, time, and agenda for the retreat.

VIII. Meal Break

IX. Committee Reports...continued

B. Membership Committee

The committee has elected two new co-chairs, Kevin Johnson and Mark Dunlop. The meeting time has been changed to the second Thursday of the month from 5:30pm - 7:30pm.

C. PWA Caucus Committee

Brad Hume announced that the PWA Caucus has hired a consultant, Jeff Morey. Jeff Morey will help the committee develop a mission statement, review ground rules and by-laws, and conduct leadership training.

D. Housing Committee

Brad Hume gave an update on the changes in the Emergency Housing system and process. Brad also reported on the funding for HUD. In addition, the committee is inquiring about obtaining a seat for the council on the SRO Task Force.

X. New Business

Eric Whitney announced that Robert Owens will be ordering food for the retreat and if anyone has any dietary concerns, to please contact him.

XI. Adjournment

HIV Health Services Planning Council

Roll Call [1]: P=Present; A=Absent; E=Excused; L=Leave of Absence

Votes [2-10]: Y=Yes; N=No; B=Abstain

January 28 th , 2001		[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1. Alissa Riker	AR	P	N	Y							
2. Anthony Huynh	AH	A									
3. Brad Hume	BH	P	N	Y							
4. Carmen Madriz	CM	P	Y	Y							
5. Catherine Geanuracos	CG	P	N	Y							
6. Cecilia Chung	CC	P	N	Y							
7. Charlene Pugh (CN)	CP	P									
8. Charles Siron (CN)	CS	A									
9. David Gant	DG	A									
10. Dirk Doepfner	DD	P	N	Y							
11. Donald Frazier	DF	A									
12. Edward Patterson	EP	A									
13. Elyse Graham	EG	P	N	Y							
14. Felicia Elizondo (CN)	FE	P									
15. Fernando Gomez-Benitez	FGB	P	N	Y							
16. Gary Harrell	GH	P	Y	Y							
17. Jeff Byers	JB	P	N	Y							
18. Jim Mitulski	JM	A									
19. John Conley	JC	P	Y	N							
20. Jose Villarce	JV	A									
21. Karen Wuopio	KW	P	N	Y							
22. Ken Pearce	KP	A									
23. Kevin Johnson	KJ	P	N	Y							
24. Larry Cruz	LC	A									
25. M.Jay Sanders	MJS	P	N	Y							
26. Margot Antonetty	MA	P	N	Y							
27. Mark Dunlop	MD	P	Y	Y							
28. Mary Jane Wood	MJW	P	N	Y							
29. Norman Tanner	NT	P									
30. Sam Kaplan	SK	P	Y	Y							
31. Susan Shea	SS	P	Y	Y							
32. Toni Butler	TB	A									
33. Tracy Neil	TN	P									
34. Wayne Peace	WP	A									
35. William Blum	WB	P									

Note: CN = Council Nominee (No Voting Privileges)

A Comprehensive HIV/AIDS Care Needs Assessment for the San Francisco EMA

Presented to the San Francisco HIV Health Services Planning Council

January 28, 2002

**Prepared by:
LaFrance Associates with
The Partnership for Community Health, Inc.**

 1/28/02

1

AGENDA

1. Overview of Needs Assessment project.
2. Review scope of work, goals, objectives and initial design.
3. Discuss Provider Information Form.
4. Confirm the schedule.
5. Feedback

 1/28/02

2

NEEDS ASSESSMENT TEAM

- Mr. Steven LaFrance, Project Consultant
- Mr. Michael DeMayo - Project Co-Director
- Dr. Mitchell Cohen - Project Co-Director
- Mr. Basil Reyes- Field Coordinator/Supervisor
- Ms. Lucia Orellana - Senior analyst, focus group moderator
- Interviewers – community members & research associates
- Interns

- Ms. Laura Thomas
- Mr. Eric Whitney
- Mr. Robert Owens
- **PAG (Consumers, Providers, Planners)**



1/28/02

3

The 2002 Needs Assessment will measure:

- HIV/AIDS care needs
- Unmet needs
- Barriers to services

among PLWH/A who are in service, unconnected to care, and who have delayed service.



1/28/02

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The 2002 Needs Assessment differs from previous studies in two important ways:

- There will be a focus on PLWH/A who are unconnected to care or who have delayed care.
- An assessment of the current service systems capacity and resources will be conducted.
- Nearly all services currently funded through Title I will be included in this assessment.

KEY VALUES

- Participation by stakeholders (PLWH/A, Grantees, Providers);
- Community awareness and comprehension of the results of the needs assessment;
- Usefulness of the findings for writing RW applications and meeting HRSA requirements;
- On-going assessment process to update and re-assess rather than reinvent assessments.

ROLE OF THE PAG

- Advise the team on the process.
- Ensure that views of all stakeholders are integrated into the project and facilitating recruitment.
- Define and prioritize goals, objectives, critical activities, and indicators.
- Develop and/or review proposed strategies for resolving critical issues.
- Review drafts of instruments and reports.
- Contribute to the project and final report in order to ensure community consensus and support.



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BARRIERS TO CARE

- Rules and regulations that reflect legislative and regulatory barriers.
- Organizational barriers that are within the control of providers.
- Individual barriers attributed to the PLWH/A.

Barriers will be measured for each service category in an open-end question and then PLWH/A will be asked to rate overall barriers to care.



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SURVEY SAMPLE

N=500 Stratified Random-Preferred Sample plus 200-250 unconnected and delayed care seekers, with participation from the REACH Cohort

- All racial/ethnic categories;
- Risk Groups: MSM, MSM/IDU, IDU, Heterosexual, TSM, and TSM/IDU;
- Special populations will include:
 - ✓ Youth (18 – 24)
 - ✓ Incarcerated
 - ✓ Over 55
 - ✓ Homeless
 - ✓ In-migrants
 - ✓ Undocumented
 - ✓ Unconnected and delayed care seekers



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RECRUITMENT

Challenges

- Maintain confidentiality while recruiting representative sample.
- Many of those who are difficult to reach also fear breach of confidentiality.



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RECRUITMENT

- The sample will be randomly drawn from both Reggie and provider client lists where providers call to obtain permission to preserve confidentiality.
- Intercepts at providers, such as clinics, food banks, housing, etc.
- General announcements in local press and leaflets.
- Direct community contact, "snowball" within networks.
- Through the REACH Cohort.



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FIELD

- In person interviewer assisted 1-1 and small groups at agencies and other facilities including homeless shelters, needle exchange sites, mental health clinics, addiction treatment clinics, entitlement offices, services for undocumented workers, etc.
- Bilingual in English and Spanish, and translators for other languages.
- Telephone interviews if requested or necessary.



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FOCUS GROUPS and INTERVIEWS

(still under discussion)

8 Focus Groups, preliminary breakdown:

- | | |
|------------------------------|---|
| – MSM (communities of color) | 2 |
| – Substance Users | 1 |
| – Heterosexuals | 1 |
| – Suburban PLWH/A | 1 |
| – Out of care / delayed care | 2 |
| – Women with families | 1 |

Plus 15 Key Informant Interviews

INCENTIVES

- \$20 cash or cash equivalent incentive for each survey participant.
- \$30 cash or cash equivalent incentive for each focus group/key informant interview participant.
- A lottery of all participants will also be held with a grand prize.

PROVIDER INFORMATION FORM

- Estimate the capacity of the service providers and provide accurate estimates of unmet need;
- Determine the extent to which the services are accessible, available, appropriate, and affordable;
- Discuss differences between the client and provider views of capacity and capability;
- Determine the barriers to care from the providers perspective;
- Determine resource allocation across the continuum of care.



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COMPLETING PROVIDER INFORMATION FORM

- Completed through the use of secondary information where possible;
- Forms sent to RW and non-RW funded providers;
- Near 100% completion rate necessary to obtain measure of capacity or not worth doing;
- Relies on cooperation of providers and accuracy of information.



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ANALYSIS

- Quantitative
 - Statistical analysis by target population.
 - Multivariate analysis of barriers.
 - Modeling of capacity.
 - Graphic presentations.
- Qualitative
 - Focus groups transcribed.
 - Transcriptions coded by services and barriers.
- Integrated into a single report

TIMELINE

1	Project start-up; creation of PAG	1/02
2	Estimates of in & out of care	2/02
3	Sampling plan, recruitment strategies	2/02
4	Develop instruments	2/02
5	Field consumer survey & focus groups	2/02 - 3/02
6	Field provider survey	2/02 - 3/02
7	Analysis	4/02
8	Draft	4/02
9	Final Needs Assessment	5/02

CARE REDUCTIONS PROTOCOL FOR FY 02-03

APPROVED BY PLANNING COUNCIL STEERING COMMITTEE 12/10/01

Part I

Background: It is important for contracting purposes to know that the funding level for some contracts will remain stable through FY 03-04. This will allow HIV Health Services to establish two-year contracts with some providers beginning next Spring (FY 02-03). Also, in order to begin the contracting process as early as possible, it is critical to know which (if any) services will be held harmless. **Except as noted in Part II (below)**, the following services will be held harmless for FY 02-03 and FY 03-04: Primary Care, Integrated Service Programs (ISP), and Housing.

Part II

Background: Based on priorities set by the HIV Health Services Planning Council, if additional funding is not forthcoming, it will be necessary to reduce funding for some services in order to fund new and expanded service initiatives. These new and expanded service initiatives include a Quality Management program (\$250,000), funds to ensure that existing housing stock is not reduced (\$455,000), and additional Planning Council Support dollars (\$25,000).

First Level of Reduction: A number of programs returned unspent contract dollars in FY 00-01. The following is a summary of the source of these unspent dollars by service sub-category. These programs will be reduced proportionately based on the need for additional funds to cover new or expanded service initiatives and to meet any deficit up to the total amount available. Note that this list excludes most of the unspent funds within Health Care Integrated Service Programs (ISP) because, based on Planning Council priorities, \$150,000 of these dollars will be reallocated to provide mental health and substance use services within the ISP category. The list also excludes agencies with new programs that did not spend all of their contract amount as well as Planning Council Support funds and Housing dollars that were previously reallocated by the Planning Council. Primary Care components of ISP's are also held harmless so as to not remove resources from a geographic area with severe need populations.

Contractors that left \$8,500 or more unspent in FY 00-01 will be reduced by the amount unspent. Contracts are grouped by service sub-category. **For this level of reduction, no sub-category is held harmless but some programs are protected from reductions as noted above.**

<u>Service Sub-Category</u>	<u>Reduction</u>
Primary Care	\$52,751
Integrated Service Programs	\$23,649
Home Based Home Care	\$ 9,000
Residential Sub Use Tx	\$19,796
Residential Mental Health	\$ 8,999
Methadone Maintenance	\$15,963
Outpatient Sub Use	\$42,179
Day/Respite Care	\$ 7,293
Money Management	\$ 6,694
Subtotal	\$186,324

Second Level of Reduction:

The following services contain contracts that performed less than 90% of their contractual Units of Service (UOS) in FY 00-01. Savings are determined by reducing contract amounts by the percentage under contractual UOS. **For this level of reduction, the following services are held harmless: Primary Care, Integrated Service Programs, and Housing.** Exclusions also include programs that received cuts in the first level of reduction, new programs, Planning Council Support, and Residential Substance Use Treatment.

<u>Service Sub-Category</u>	<u>Reduction</u>
Home Based Home Care	\$16,721
Facility Based Home Care	\$ 9,033
Outpatient Mental Health	<u>\$ 8,570</u>
Subtotal	<u>\$34,324</u>

Third Level of Reduction:

Some programs have other funding streams to support services to HIV-positive clients or other community resources are available to perform the same service. The following services will be reduced based on other support from the Department of Public Health or elsewhere or the availability of the service elsewhere. In addition, several of these programs serve a very small number of HIV-positive clients each year or have been unable to report the number of clients served.

<u>Service Sub-Category</u>	<u>Reduction</u>
Outpatient Substance Use Tx	\$378,615
Laboratory Services	\$ 58,560
Pharmaceuticals	<u>\$ 72,177</u>
Subtotal	<u>\$509,352</u>

TOTAL REDUCTION AMOUNT FROM ALL LEVELS:	\$730,000
--	------------------

**Proposed Across the Board Cuts for CARE FY-02/03
Based on Percentage of Total NOT Held Harmless**

CODE	SERVICE CATEGORY	SUB-CATEGORY	Before Proposed Cuts	Total Proposed Cuts	After Across the Board Cuts
A1	HEALTH CARE	Primary Care	\$4,759,366	\$0	\$4,759,366
A2	HEALTH CARE	Centralized Dental Care	\$543,600	\$17,205	\$526,395
A8	HEALTH CARE	De-Centralized Dental Care	\$651,430	\$20,617	\$630,813
A3	HEALTH CARE	Pharmaceuticals	\$72,177	\$2,284	\$69,893
A4	HEALTH CARE	Complementary Therapies	\$627,822	\$19,870	\$607,952
A5	HEALTH CARE	Home-based Home Care	\$279,006	\$8,830	\$270,176
A6	HEALTH CARE	Facility-based Home Care	\$1,341,843	\$42,469	\$1,299,374
A7	HEALTH CARE	Integrated Service Programs	\$3,197,676	\$0	\$3,197,676
A9	HEALTH CARE	Treatment Adherence	\$472,779	\$0	\$472,779
B1-3	HOUSING	TOTAL HOUSING	\$6,239,431	\$0	\$6,239,431
D1	MENTAL HEALTH	Outpatient Mental Health	\$1,731,344	\$54,796	\$1,676,548
D2	MENTAL HEALTH	Psychiatric Consultation	\$289,388	\$9,159	\$280,229
D3	MENTAL HEALTH	Crisis Mental Health	\$436,404	\$13,812	\$422,592
D4	MENTAL HEALTH	Residential Mental Health Serv	\$669,379	\$21,185	\$648,194
E1	SUBSTANCE ABUSE	Residential Treatment	\$3,681,153	\$116,507	\$3,564,646
E2	SUBSTANCE ABUSE	Methadone Maintenance	\$394,634	\$12,490	\$382,144
E3	SUBSTANCE ABUSE	Outpatient Substance Services	\$436,955	\$13,829	\$423,126
E4	SUBSTANCE ABUSE	Detox	\$863,843	\$27,340	\$836,503
I1	CASE MANAGEMENT	Case Management	\$294,831	\$9,331	\$285,500
I2	CASE MANAGEMENT	Integrated Case Management	\$911,153	\$28,838	\$882,315
C1	FOOD	Food Bank/Delivered Meals	\$1,375,669	\$43,539	\$1,332,130
C2	FOOD	Nutritional Counseling	\$33,623	\$1,064	\$32,559
C3	FOOD	Congregate Meals	\$69,384	\$2,196	\$67,188
N3	CLIENT ADVOCACY	Benefits Counseling	\$279,288	\$8,839	\$270,449
N4	CLIENT ADVOCACY	Legal/Immigration Assist	\$456,702	\$14,454	\$442,248
N5	CLIENT ADVOCACY	Money Management	\$552,785	\$17,495	\$535,290
J1	DAY/RESPITE CARE	Adult Day Health Care	\$253,942	\$8,037	\$245,905
J2	DAY/RESPITE CARE	Child Care	\$277,938	\$8,797	\$269,141
M2	PLANNING COUNCIL	Planning Council Support	\$250,000	\$0	\$250,000
K1	PROGRAM SUPPORT	Technical Assistance	\$130,000	\$4,114	\$125,886
L1	TRANSPORTATION	Transportation	\$85,673	\$2,712	\$82,961
S1-2	COUNTIES	Counties	\$3,877,311	\$0	\$3,877,311
Q1	Quality Management	Quality Management	\$250,000	\$0	\$250,000
		TOTAL	\$35,786,529	\$529,811	\$35,256,718

PROPOSED OUTPATIENT SUBSTANCE USE SERVICE REDUCTIONS

Note: The following reductions represent \$378,615 out of a total Outpatient Substance Use sub-category amount of \$436,955. This is 87% of the sub-category.

ROW	ITEM	PROGRAM #1	PROGRAM #2	PROGRAM #3	PROGRAM #4
1	What is the recommendation and rationale for the cut?	Recommendation is to eliminate all CARE funding for this program. There are currently other funding streams that support the program (Medi-Cal & CSAS).	Recommendation is to eliminate partial CARE funding (for individual and group counseling). Remaining funds to be used for case management services. There are currently other funding streams that support this program (Medi-Cal and General Funds through CSAS and CHN).	Recommendation is to eliminate all CARE funding for this program. There are other community resources available designed to perform a similar service.	Recommendation is to eliminate all CARE funding for this program. There are other community resources available designed to perform a similar service.
2	Total CARE contract value	\$95,795	\$410,597	\$155,742	\$52,854
3	Total annual budget of program	\$441,230	\$1,736,692	\$305,124	\$335,529
4	CARE funding is what % of total budget of program?	22%	24%	51%	16%
5	What other funding does the program receive?	\$345,435 CSAS (General Fund & Medi-Cal)	\$984,153 Gen Fund & Medi-Cal \$341,942 CHN (General Fund) \$1,326,095 Total Other Funds	\$20,000 CHN \$129,382 CSAS (General Funds) \$149,382 Total Other Funds	\$282,675 CSAS (General Funds)
6	What is the CARE reduction amount and what percent is that of total program funding?	Level III \$95,795 (22%)	Level I \$ 15,963 (1%) Level III \$ 84,090 (5%) Total \$ 100,053 (6%)	Level I \$ 9,866 (3%) Level III \$ 145,876 (48%) Total \$ 155,742 (51%)	Level III \$52,854 (16%)
7	What is the CARE reduction amount and what percent is that of the CARE contract?	Level III \$95,795 (100%)	Level I \$ 15,963 (4%) Level III \$ 84,090 (20%) Total \$ 100,053 (24%)	Level I \$ 9,866 (6%) Level III \$145,876 (94%) Total \$155,742 (100%)	Level III \$52,854 (100%)

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ROW	ITEM	PROGRAM #1	PROGRAM #2	PROGRAM #3	PROGRAM #4
8	Target Population	Low income HIV+ individuals. Also targets Afr. Ams and Latinos in Mission, So of Market, and Tenderloin areas as well as gay, lesbian, bisexual, transgender and questioning cts.	Low income HIV+ individuals. Also targets Afr. Ams and Latinos in Mission, So of Market, and Tenderloin areas as well as gay, lesbian, bisexual, transgender and questioning individuals.	Patient population of San Francisco General Hospital's Inpatient units, who have concurrent HIV disease and substance problems. Special emphasis is given to women and those seeking ongoing services at community based HIV residential facilities.	Poly-substance using HIV+ indigent adults who have completed the residential treatment program.
9	Program Description	Provides immediate intensive outpatient tx at SFGH for HIV+ cocaine and meth users.	Provides enhanced methadone maintenance services (individual and group counseling and case management) to opiate users.	Drug and alcohol assessments, treatment recommendations and ongoing service linkages, consultation services to providers regarding managing clients with multiple diagnoses.	Outpatient aftercare HIV and substance abuse counseling and linkage services to other health and social service delivery systems.
10	Total Contract UOS	120 indiv cnsl hours 480 group cnsl hours 695 case mgmt hours	700 indiv cnsl hours 360 group cnsl hours 3,528 case management hours	2,175 assessment, referral or service linkage hours	656 indiv cnsl hours 187 group cnsl hours
11	What number of Units of Service (UOS) will be reduced and what percent is that of the UOS in the CARE contract?	8 tx slots 1,295 fewer cnsl and case management hours (100%)	50 tx slots Level I 169 fewer cnsl hrs Level III 891 fewer cnsl hrs Total 1,060 fewer cnsl hrs and 12 fewer tx slots that are set aside for HIV+ patients	2,175 fewer assessment, referral or service linkage hours (100%)	843 fewer individual and group counseling hours (100%)
12	Total UDC	16	176	454	29
13	What number of Unduplicated Clients (UDC) will not be served and what percent is that of the UDC in the CARE contract?	16 (100%)	42 (24%)	454 (100%)	29 (100%)

ROW	ITEM	PROGRAM #1	PROGRAM #2	PROGRAM #3	PROGRAM #4
14	Demographics	Primarily Caucasian (67%) and African American (30%) gay men.	Primarily Caucasian (57%) and African American (30%). Approximately equal numbers of men and women. Primarily heterosexual.	Mix of Caucasian (42%), African American (41%), and Latino/as (11%). About 70% men and 28% women. Primarily heterosexual.	Primarily Caucasian (64%), African American (29%), and Latino/as (7%). Males (86%) and Females (14%). 64% gay and bisexual.
15	Serving severe need population (low income, uninsured/underinsured, active substance users, homeless, etc.)	Program serves low income, uninsured/underinsured, and active substance users.	Program serves low income, uninsured/underinsured, and active substance users.	Program serves low income, uninsured/underinsured, and active substance users.	Program serves low income, uninsured/underinsured, and active substance users.
16	Other Funding	CARE funds are used to enhance Medi-Cal reimbursed services. 95% of clients have Medi-Cal. CARE dollars pay for services not covered by Medi-Cal. In this contract, indiv and group cnsl are provided over and above the cnsl paid by Drug Medi-Cal. Drug Medi-Cal does not pay for ongoing indiv cnsl in outpatient programs, but pays only for assessment, tx planning, crisis intervention, and collateral visits. Drug Medi-Cal pays for group visits if the group size is 4-10 participants. CI are actually scheduled for two to five 90-minute groups/wk, depending on their phase in tx. Case Management is not covered by Medi-Cal.	CARE funds are used to enhance Medi-Cal reimbursed services. 86% of clients have Medi-Cal. CARE dollars pay for services not covered by Drug Medi-Cal. Medi-Cal limits the amount billed to the first 200 minutes of individual or group counseling per month, one urine test per month, and intake and annual physical exams. A CSAS contract pays for daily methadone doses, intake, and annual physical exams for non Medi-Cal clients. In this contract, indiv and group cnsl are provided over and above the cnsl paid by Drug Medi-Cal.	Cannot bill Drug Medi-Cal for hospital-based assessment only services.	Drug Medi-Cal does not cover as this is an aftercare program and is not an intensive outpatient or day treatment program. CSAS provides funds for this aftercare service.

ROW	ITEM	PROGRAM #1	PROGRAM #2	PROGRAM #3	PROGRAM #4
17	Possibility of funding replacement	Unlikely (due to General Fund budget cuts) except for individual and group counseling noted below.	Unlikely due to General Fund budget cuts.	Unlikely due to General Fund budget cuts.	Unlikely due to General Fund budget cuts.
18	Impact: Will cut significantly delay or prevent access to outpatient treatment?	8 fewer treatment slots specifically set aside for HIV+ pts. HIV+ clients can receive needed individual and group counseling through CSAS (especially Tx on Demand Stonewall Program), similar to non-CARE clients. HIV+ clients will not receive case management.	12 fewer tx slots that are set aside for HIV+ patients Clients whose needs exceed 200 minutes of individual or group counseling per month would likely not receive these additional services. This is the situation for non-CARE clients currently.	Reduced substance use assessment services at SFCH.	29 clients will not receive aftercare services after completing their residential tx program

RETREAT

HIV Health Services Planning Council

62

Meeting Date: February 2nd, 2002
Meeting Place: Laurel Heights Conference Center
Meeting Time: 4:30pm - 6pm
Members Present: Felicia Elizondo; Sam Kaplan; Brad Hume; Catherine Geanuracos; Mjay Sanders; Susan Shea; Cecilia Chung; Dirk Doepfner; Sam Kaplan; Kevin Johnson; Margot Antonetty; Charlene Pugh; David Gant; Elyse Graham; John Conley; Karen Wuopio; Ken Pearce; Larry Cruz; Jim Mitulski
Others Present: Eric Whitney (Council Coordinator); Laura Thomas (SFDPH HIV Health Services); Michelle Long Dixon (SFDPH HIV Health Services); Robert Owens (Council Admin. Asst. - Minutes); Monika Hudson (Facilitator)

Introductions

Monika Hudson reviewed the agenda and outlined the following goals of the retreat:

- to have fun
- to clarify prioritization's timeline & process for this year
- to get to know each other better
- to review and confirm the committee structure

Honoring Our Differences and Similarities - Group Exercise

The group then participated in a group exercise, ranking the three sub-cultures that influence them the most, i.e. Sexual Orientation, Gender, etc.

Prioritization Planning

Monika Hudson then led the group in a discussion of prioritization processes. *Catherine Geanuracos* gave a brief description about last year's prioritization with attention to large group process verses small group process, the difficulty of soliciting new member participation during the process, and the steps required in prioritization. *Catherine Geanuracos* also proposed that the council meet twice a month during the prioritization process. Then *the group* focused on their need for different types of information for prioritization, including reports on different service categories, having enough time to make informed decisions, enough time to review the amount of information that is presented, and the role of, and participation of, the AIDS office in the process.

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Review of Prioritization 2001

Monika Hudson then led the group in a discussion about Prioritization 2001, focusing on the pros and cons of the process.

Out of the groups discussion, the following concerns where noted:

- Increased number of meetings causes loss of participation.
- There is a need for small and large group participation
- The council needs to be informed about the constraints and needs concerning funding from service providers
- Gathering consumer input should occur year-round
- Mental health and substance abuse issues had a low priority last year and should be focused on this year
- The council would like to preview the presentations and have presentation binders organized with tabs
- Have program managers know in advance what they will need in their presentation, so they are able to incorporate the information into their presentation
- There is a need for on-going education for council members and a mentoring program for new members to assist them in the process of prioritization
- Clear indicators of what constitutes success for planning
- Having clear meanings for all service categories
- Try not to bring new council members onto the council during prioritization
- How to help providers make their presentations more informative
- Issues concerning Quality Assurance
- Educate the council on Robert's Rules of Order
- Possibly have a final retreat day to close out prioritization
- Information from consumers about their needs and services

Prioritization Agreements

After a great deal of discussion the following agreements were made about prioritization:

- Use small groups and task force committees when appropriate.
- Use large groups process to finalize priority decisions.
- Use Steering Committee to determine priority schedule and process.
- Priorities should be consumer focused.

The group came to a consensus that further discussion on this topic will be required.

Committee Structure

Monika Hudson outlined the goals for the discussion on committee structure.

- Compare structure to By-laws.
- Review last years Prioritization.
- Use some of the decisions from the previous discussion to assure that the committees structure facilitates the council's goals.

Monika Hudson and the group reviewed the current committees and structure:

- Membership Committee
- PWA Caucus Committee
- Steering Committee
- Housing Committee
- Implementation & Evaluation Committee (before 2/4/02, not functioning)
- Needs Assessment Task Force

The group discussed the committees mentioned in the council's By-laws:

- PWA Caucus - committee structure and function is defined by the By-laws.
- Membership - reference in the By-laws.
- Implementation & Evaluation - the evaluation part is mentioned in the By-laws.
- Needs Assessments Task Force

Monika Hudson and the group then discussed the function, need and standing of each committee. Implementation & Evaluation was discussed at great length concerning the role of committee, why the committee has not been functioning, how the past focus of the committee has been on the mostly on implementation and not evaluation, and its role in prioritization.

The following suggestions were made concerning the Implementation & Evaluation committee:

- Break I & E into two separate committees
- Use sub-committee groups under Implementation & Evaluation, i.e. Housing sub-committee, mental health sub-committee, substance abuse sub-committee, etc.

- Keep housing separate from the Implementation & Evaluation committee, but other service category-specific sub-committees under I & E
- Create a separate Evaluation Committee

The group discussed the pros and cons of each proposed suggestion. Monika Hudson and the group decided that this discussion should continue with the full council and at the Implementation & Evaluation committee, already scheduled to meet on Monday, February 4th, 2002.

Adjournment

HIV Health Services Planning Council

City Hall, Room 201 1 Dr. Carlton B. Goodlett Place

February 25th, 2002 4:30 PM

AGENDA

- I. Call to Order 4:30 PM
- II. Roll Call 4:32 PM
- III. Review and Approval of Agenda 4:35 PM
- IV. Review and Approval of Minutes, January 28th, 2001 4:40 PM
- V. General Announcements 4:45 PM
- VI. Public Comment 4:50 PM
- VII. SFDPH Report, Department of Public Health Budget 5:00 PM
- VIII. Reductions Protocol — VOTE 5:15 PM
- IX. Meal Break 6:00 PM
- X. Committee Reports 6:15 PM
- Steering Committee
Retreat Report
Committee Structure Proposal — VOTE
 - Steering Committee 6:30 PM
Prioritization Timeline:
Proposed Schedule for Training
Prioritization Task Force Meeting Twice a Month
 - PWA Caucus 6:45 PM
 - Membership Committee 7:55 PM
Re-appointment Nomination — VOTE
 - Housing Committee 7:05 PM
 - Implementation & Evaluation Committee 7:15 PM
- XI. New Business 7:25 PM
- XII. Adjourn 7:30 PM

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Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Wed	03/06	Housing Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Tues	03/12	Implementation & Evaluation Committee	25 Van Ness, Room 330B	3:00 – 5:00 PM
Wed	03/13	PWA Caucus	25 Van Ness, Room 330B	5:30 – 7:30 PM
Thurs	03/14	Membership Committee	25 Van Ness, Room 330B	5:30 – 7:00 PM
Mon	03/18	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Mon	03/25	HIV Health Services Planning Council	City Hall, Room 201	4:30 – 7:30 PM

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103
San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

The sites are fully accessible, assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, call the Council's staff at 415-972-0870. The closest accessible BART station is Civic Center. Accessible MUNI lines serving these locations are: #42 Downtown Loop, #5 Fulton, #21 Hayes, #6, 7, 71 Haight/Noriega, #9 San Bruno, F-Line to Market & Van Ness, Metro Van Ness station. For more information about MUNI accessible services, call 415-923-6142. Minutes of meetings are tentative until formally approved by the Council.

Draft Agendas for Priority Setting, FY2003

Each meeting includes:

- ◆ 30 minutes for Council business, including public comment.
- ◆ 10 minutes for a break..
- ◆ 10-15 minutes for discussion at end.
- ◆ Each of these agendas should fit into a 2 hour period.

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February 25, 2002

- DPH budget – Jimmy Loyce
- Overview of CARE Award for 02-03
- Reductions Protocol Discussion / VOTE
- Review of retreat decisions and follow-up – Committee Structure - VOTE
- Overview of prioritization process proposal

March 25, 2002

- HHS Quarterly Report
- Bylaws Revision (if committee structure revised)- VOTE
- Overview of prioritization schedule
- Overview of RWCA legislation and HRSA regulations
- Training on using epi data: introduction to data use and limitations
- Epi presentation: HIV & AIDS in SF. Marin & San Mateo?

April 22, 2002

- Training: Robert's Rules of Order
- Presentation on Marin County -*Karen Wupio, Marin County*
- Presentation from San Mateo -John Conley, San Mateo County
- Reggie data
- Quality management update and standards of care presentation

May 20?, 2002 [27th is Memorial Day]

- Training on system of care
- Training on developing/evaluating goals & objectives
- Results of Needs Assessment
- HHS discussion of costs/services, etc.

June 24, 2002

- Primary Care
- HHS quarterly report

July 8, 2002

- Rollover Funding Proposal

- Training on conflict of interest
- Substance Abuse (include input from Prevention Council)

July 22, 2002

- Decision on Rollover funding - VOTE
- Mental Health (include input from Prevention Council)

August 12, 2002

- Presentation of Draft 3-year plan
- Presentation on CBC programs and needs
- HIV Health Services Report and priorities. Utilization report
- Review of materials: shared values & vision. Epi data. Definitions. Budget. Review of HRSA expectations and requirements

August 24?, 2002 - RETREAT

- Introduction to group decision making process, including guidelines and expectations
- Decision: Approval of 3 year Plan
- Decision: Priority order of categories
- Decision: 3 categories to prioritize for next cycle
- Decision: goals & objectives – Systemwide and 3 categories
- Decision: Allocations
- Decision: Reductions Protocol
- Review priority-setting process: what worked/didn't work

Service category presentations: come from prioritization subcommittees – presentations include detailed discussions of current services, gaps, successes, and proposals for restructuring funding. Include proposals for level, decreased, and increased funding. Subcommittees will include council members, DPH staff, provider reps, consumers, and input on prevention council priorities. Committees will meet during prioritization process.

HOUSING COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: February 6th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 3pm - 5pm
Members Present: Brad Hume; Margot Antonetty; Norman Tanner; and Ali Riker.
Others Present: Amy Cunningham (SF AIDS Foundation); Andrew Williams III (HUH); Rodney Murphy (CCASF); George Simmons (CCASF); Chris Harris (SFRA); Marshia Herring (HIV Health Services); Jennifer Oberly (SF Redevelopment Agency); Laura Thomas (SF DPH - AIDS Office); Bill Hirsh (ALRP); Ben Kuhm (ALRP); Ellen Novogrodsky (ALRP); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wednesday, March 6th, 2002, 25 Van Ness, Room 330A, 3pm - 5pm

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Introductions

FEB 21 2002

Announcements / Public Comment

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Chris Harris gave an update on the expanded outreach program of the Bridge Housing Corp., which has focused its efforts on getting PLWA/H into HOPWA units; the Mission housing units have one and two bedrooms available. Providers will be receiving applications in the mail on Monday, February 11th. There were no public comments.

ALRP Rollover Funds Update

Bill Hirsh gave an update on how the rollover money was used at ALRP. The CARE rollover money from last year was used to hire law clerks to support the Advocacy Project. This year's CARE money of \$15,000 is slated to hire law clerks for the Advocacy Project. In 2001, ALRP served 639 clients with housing issues, which constitutes 30% of ALRP's caseload. ALRP's commitment is to have a strong presence with outreach, by having a regular column in the B.A.R. The articles from the B.A.R. will be turned into brochures. In addition, there will be a training on Fair Housing for clients and providers; cost is \$45 per person, scholarships are available with ALRP. With the rollover money ALRP was able to serve 50 additional clients, pay for written materials, and case management. *Bill Hirsh* announced that ALRP will be moving in two weeks; their new address will be 1663 Mission Street; ALRP phone numbers will remain the same. See *Attachment A*. The committee discussed the reduction in rents, consumer

handbook provided by ALRP, and feedback from the consumer forum held by ALRP.

Update on Broderick, Camelot, Star, and Emergency Housing

Margot Antonetty gave a status update on Broderick, Camelot, Star, and Emergency Housing Vouchers. The Star has reviewed half of the applications and expects a move-in date for the end of March; they will begin interviewing clients next week. The Camelot's HUD loan has been approved and they expect a move-in date of end of July, beginning of August; next week there will be a meeting for the providers. Broderick has admitted 7 respite clients, one in process, and two beds are still available. The population of Broderick is mostly Asian-Americans from convalescent hospitals. The Emergency Housing Vouchers Program is doing well at the Rivera; there are 18 beds available at the Rivera and 2 at the Keen Hotel. The committee discussed the visitors' policy and length of stay.

Needs Assessment

Brad Hume and Laura Thomas announced that the survey is being finalized and discussed the housing questions concerning CARE. The committee then had a discussion about Quality Assurance.

SRO Task Force

Brad Hume discussed the need and procedure of having a council member obtain a seat on the SRO Task Force. The SRO Task Force was formed by the Mayor; it is a two step process for appointment approval: the appointment needs to be confirmed by the SRO Steering Committee and the Mayor/Board of Supervisors. Brad Hume announced that Ann Kronenberg has taken the council's request to the SRO Steering Committee. The SRO Steering Committee would like a presentation from the council on the reasons why they should appoint the council a seat. The committee then discussed who should attend the SRO Steering Committee meeting and who should give the presentation. Several proposals were given suggesting a person from the PWA Caucus, Housing Committee, and a co-chair. *Norman Tanner* announced that he would be interested in the seat on the SRO Task Force. Brad Hume announced that he would be going to the SRO Steering Committee. The committee decided to send this discussion to the full council.

Retreat Discussion

Brad Hume gave a brief synopsis of the decisions and need for further discussion made at the retreat, including:

- Prioritization - one year versus two year planning.

- Use large group process for discussion about Prioritization.
- A retreat to be held at the end of Prioritization, to finalize it.
- Housing Committee, when it was implemented and it's function.

CARE Subsidy Program Update

Amy Cunninghis gave an overview of the CARE rental subsidy program and the changes in the program. Due to rising rents from January 2000 to 2002, SFAF has lost 34 slots. The cost for clients' share of rent will increase to 31% from 30%, about \$20 per month. *See Attachment B.* Amy also discussed the current FMR, rent caps, restriction on clients, and client's eligibility at SRO's. These changes will save the program \$115,000 this year.

George Simmons gave a report about the changes in the requirements for clients to participate in the program. The monthly income level has been raised to \$900 per month; thus client's with incomes from \$0 - \$500 will automatically receive \$200, with incomes from \$501 - \$900 will receive from \$165 to \$175 in housing assistance. They serve about 181 clients per year. Clients who have children will receive \$300 in subsidy. The "Back to Work" Program serves 122 people per year with collaboration with DOR and PRC.

HOPWA Loan Committee

There are possibly two seats available on the Loan Committee; the council needs to nominate and vote on the matter.

Time & Day

The committee decided to send an email out to the council to elicit their opinion on the time and day the Housing Committee should meet.

Next Agenda

- Emergency Housing Vouchers Update
- Update on Broderick, Star, and Camelot
- HOPWA Loan Nominations
- Needs Assessment
- Priority Setting and Housing Information to be presented to the council
- Three Year Plan

Adjournment

Fair Housing and Reasonable Accommodations for People with Disabilities

*Tuesday, March 26, 2002
9:15a.m. - 3:30p.m.
Registration 8:30*

4.5 MCLE Credits Available for Attorneys

Fees

\$45 per person
Fees include extensive handbook and lunch.
Scholarships available. Please call Bill at
(415) 701-1200, ext. 308 for more details.

Locations and Directions

The State Building
455 Golden Gate @ Polk
Lower level, Training rooms 1, 2, 3

BART and MUNI

Exit Civic Center Station at Hyde Street, and walk north on Hyde for three blocks to Golden Gate. Turn left on Golden Gate and walk two blocks to 455 Golden Gate. MUNI Lines: 5, 14, 19, 47, 49, F, J, K, L, M, N.

Training and Topics to be Covered

The training will include an overview of federal and state laws on fair housing and reasonable accommodation. Small group sessions will focus on how reasonable accommodations are supposed to work during the application process, tenancy, and during eviction proceedings. The group discussions will be led by trainers familiar with fair housing issues, and the discussions will be based on practical questions from the training participants.

Sample questions may include:

- *May I ask an applicant if s/he spent time in a treatment facility or hospital, or if s/he is presently in treatment?*
- *How do I know if a person's bad tenancy history or criminal record is related to her/his disability?*
- *How can I help a person who needs assistance through the application process but does not request it, without violating their rights?*
- *What may I ask a tenant about their disability if they ask for a reasonable accommodation?*

Training Agenda

8:30-9:15	Registration
9:15-9:30	Introductions
9:30-10:30	Legal Overview
10:30-10:45	Break
10:45-12:00	Small Group Session I: Application
12:00-1:00	Lunch (provided)
1:00-2:15	Small Group Session II: Occupancy/Eviction
2:15-2:30	Break
2:30-3:30	Conclusion

Who Should Attend

- Property and Resident Managers
- Housing Providers Including Special Needs Housing
- Service Providers
- Legal Services
- Advocates for Tenants
- People with HIV/AIDS
- Consumers of Services
- Anyone else who regularly works with tenants or those with special needs

Trainers and Facilitators

Legal Overview:

Ann Levine, Esq., Staff Attorney with the Mental Health Advocacy Project

Fair Housing Discussion Facilitators:

Ed Ilumin

Annette Kirkham, Esq.

Ann Levine, Esq.

Susan Mizner, Esq.

Aleem Raja, Esq.

Jason Stein, Esq.

Victoria Tedder

Registration is limited. Please register early.

Organization Name

Address

City/State/Zip

Phone/Fax/Email

Attendee Name & Title (attach additional names)

Individuals at \$45 each = \$

Total Amount Enclosed = \$

Complete, detach and mail this registration form with a check made out to ALRP. We must receive registration via mail or fax by March 12, 2002. There are no refunds on registration via mail or fax. Please call (415) 701-1200, ext. 308 with registration questions.

Mail registration to:

ALRP
205 13th St, Ste 2170
San Francisco, CA 94103

ALRP wants to ensure that this workshop is accessible to all attendees. If you have a disability or special need that may require auxiliary aid, please call Bill at (415) 701-1200, ext. 308 at least 14 days prior to the workshop so that we may make any arrangements necessary to accommodate you.

ALRP Presents

Fair Housing and Reasonable Accommodations for People with Disabilities

Tuesday, March 26, 2002

Co-sponsored by:

Mayor's Office on Disability

San Francisco Human Rights Commission

Non-Profit Housing Association of Northern California (NPH)

Bar Association of San Francisco

Mental Health Association of San Francisco

MCLE Credit Available for Attorneys

Non-Profit Org
US Postage
PAID
San Francisco, CA
Permit No. 2364

ALRP Legal Referral Panel
205 13th St, Ste 2170
San Francisco, CA 94103

SFAF Rental Subsidy Program Changes for 02-03 contract

Escalating costs in the CARE funded subsidy program, primarily due to rent increases and clients moving into more expensive units under the new FMR's, have required us to lose 34 slots through attrition over the past two years. In order to keep the program stable and avoid losing more housing, we are making the following changes in the upcoming CARE contract cycle.

- Increase client rental contribution to 31% of total monthly income
- Eliminate \$500 annual disability deduction previously deducted from client's gross income
- Create new rent caps based on actual market averages; adjust 2 times per year
- Individual clients accepted into the program who will be locating new housing will be eligible for a studio; clients already in a 1 BR may be subsidized in place if that unit is under the 1 BR cap
- Institute new policy on moves for existing clients:
 - a. Clients in SRO's may move into studios.
 - b. Clients currently in units over the newly established rent caps will be eligible for a new unit at or below the new cap for the unit size for which they are eligible.
 - c. Clients in units under the newly established rent caps will be eligible for a new unit that is the same or less rent than their current unit.
 - d. Individuals currently in one-bedrooms who wish to move will be eligible for studios at the new studio rent cap.
- Provide first month rent rebate incentive for new and existing clients who locate units that rent for \$50 or more below the rent cap; first month rebate will equal the difference between the actual rent and the rent cap, up to the client's total rental share
- Provide information about rent-controlled vs. non-rent-controlled units, and inform clients that if they choose to move into a non-rent-controlled unit and the rent goes up 10% or more and is over the rent cap, they will be given six months to locate a new unit

Pre-Development or Under Construction

New Projects (12)

SPONSOR	LOCATION	HOUSING TYPE	RESIDENT POP.	UNITS/HOPWA	UNITS/TOTAL	AMOUNT	PROJECTED COMPLETION DATE	SFRA STAFF	CHECK IN	LEAD AGENCY
Episcopal Community Svcs.	165 8th St.	Permanent Family	Families	5	48	\$689,407	12/31/01	EC	Jul-2001	DHS
Baker Places	214 Dolores St.	Indep. Living	Singles	8	8	\$1,129,720	01/31/02	EC	Aug-2001	DPH
Bridge Housing Corp.	One Church St.	Permanent Family	Families	12	93	\$2,000,000	02/01/02	MS/LB	Aug-2001	DHS
Mission Housing Dev. Corp. (150 Berry St.)	150 Berry St.	Permanent Family	Families	10	100	\$1,000,000	06/15/02	MS	Dec-2001	DHS
Bernal Heights Neighborhood Ctr. (Positive MATCH Program)	1652 Eddy St.	Indep. Living	Women w/dep children	7	7	\$1,070,119	06/30/02	PS	Jan-2002	DHS
SF Housing Dev. Corp.	4417-4445 3rd St.	Permanent Family	Families	8	30	\$1,200,000	08/30/02	PS	Mar-2002	DHS
Tenderloin Neighborhood Dev. Corp.	864 Ellis St.	Indep. Living	Singles	6	25	\$631,085	12/01/02	PS	Jun-2002	DPH
Alexander Apartments	230 Eddy St.	Indep. Living	Singles	18	179	\$565,000	12/31/02	KH	Jul-2002	DPH
Howard Street Dev. Corp. - subs. of TNDC (SOMA Studios)	1166 Howard St.	Indep. Living	Families(0) & Singles(10)	10	161	\$950,000	12/31/02	VD	Jul-2001	DHS
Tenderloin Neighborhood Dev. Corp. (Ambassador Hotel)	55 Mason St.	Indep. Living	Singles	23	134	\$2,000,000	12/31/02	PS	Jan-2002	DPH
Mission Bay Senior	4th St. (west)	Indep. Living	Singles	10	139	\$800,000	08/31/03	PS	Mar-2003	SFRA
West Hotel	145 Eddy St.	Indep. Living	Singles	10	93	\$883,332	12/31/04	KH	Jul-2004	DPH
TOTALS						127	1017			

Rehabilitation of Existing Projects (6)

SPONSOR	LOCATION	AMOUNT	PROJECTED COMPLETION DATE	SFRA STAFF
Mercy Charities (Leland House)	141 Leland Ave.	\$68,044	Late 2002	PS
Mercy Charities (Derek Silva)	1594 Market St.	unknown	Late 2003	PS
Bernal Heights Neighborhood Ctr. (Hazel Betsy House)	3554 17th St.	\$66,515	Early 2002	PS
Bernal Heights Neighborhood Ctr. (Preetta House)	416 Preetta, A & B	\$74,917	Early 2002	PS
Bernal Heights Neighborhood Ctr. (Sinson House)	119 & 121 Holly Park Circle	\$60,261	Early 2002	PS
Walden House (Coleridge)	154 Coleridge	\$257,735	Mid 2002	EC
TOTAL		\$527,472		

Projects will not appear on this spreadsheet until they have received San Francisco Redevelopment Agency Commission approval or Citywide Affordable Housing/HOPWA Loan Committee approval. As projects become more viable, staff will modify this sheet and report back on the status.

SPECIAL MEETING

HIV Health Services Planning Council

City Hall, Room 201 1 Dr. Carlton B. Goodlett Place

February 27th, 2002 5:00 PM

AGENDA

- I. Call to Order 5:00 PM
- II. Roll Call 5:02 PM
- III. Review and Approval of Agenda 5:05 PM
- IV. Public Comment 5:10 PM
- V. Reductions Protocol — Discussion 5:25 PM
- VI. Break 6:10 PM
- VII. Reductions Protocol — Discussion, Cont'd — VOTE 6:20 PM
- VIII. New Business 6:50 PM
- IX. Adjourn 7:00 PM

Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Wed	03/06	Housing Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Tues	03/12	Implementation & Evaluation Committee	25 Van Ness, Room 330B	3:00 – 5:00 PM
Wed	03/13	PWA Caucus	25 Van Ness, Room 330B	5:30 – 7:30 PM
Thurs	03/14	Membership Committee	25 Van Ness, Room 330B	5:30 – 7:00 PM
Mon	03/18	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Mon	03/25	HIV Health Services Planning Council	City Hall, Room 201	4:30 – 7:30 PM

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

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and/or alternative formats of the agenda and minutes, please telephone 554-6789 at least 72 hours before a meeting.

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Regular meetings of the Treasure Island/Yerba Buena Island Citizens Advisory Board are held on the 3rd Thursday of each month at 6:00 p.m. 655 H Street, Building 442, 2nd Floor on Treasure Island. The next regular meeting is Thursday, March 21, 2002.

HIV HEALTH SERVICES PLANNING COUNCIL Extension of February 25th MEETING

Meeting Date: February 27th, 2002

Meeting Place: City Hall, The Mayor's Conference Room, room 201

Meeting Time: 5:00 PM to 7:00 PM (extended to 7:45 PM)

Call to Order
5:00 PM

Roll Call

See Attachment A. 21 council members were present, 14 Yea votes are needed to pass; a quorum was established.

Review and Approval of Agenda

The Agenda was approved.

General Announcements

Michael Shriver, Mayor's Advisor on AIDS Policy, announced that the Mayor had approved the reappointment of Jeff Byers, Catherine Geanuracos, and Alissa Riker, and the appointment of new members William Blum, Felicia Elizondo, Tracy Neil, Charlene Pugh, Charles Siron, and Norman Tanner.

Public Comment

Twenty people gave public comments, including Baker Places and Instituto Familiar.

Reductions Protocol Discussion

Jim Mitulski began the discussion with Proposal Q (see below.) Catherine Geanuracos offered Proposal R (see below.) The Co-Chairs offered two proposals, one offering focused cuts (R), the other offering proportional cuts (Q).

Toni Butler motioned adoption of Proposal C. *See Attachment B.* *Tracy Neil* seconded.

The Co-Chairs asked for a straw poll to determine with which theoretical direction the council wished to proceed.

Proposal Q

1. Keep Levels 1, 2, & 4 cuts proposed in original reductions protocol
2. Keep half of the housing reallocation = \$227,000
3. 0.5% cut to the Department of Public Health (DPH) administrative rate
4. No minimum thresholds for proportional cuts
5. Proportional cut across the board holding nothing harmless; approximately 7%.

Proposal R

1. Keep half of the housing reallocation = \$227,000
2. Keep levels 1 through 4
3. Planning Council Support cut = \$50,000
4. 0.5% cut to DPH
5. Cut Complementary Therapy by 50%

6. Cut Methadone Maintenance by 100%
7. Cut Nutritional Counseling. 100%
8. Cut Congregate Meal by 100%
9. Partial cuts: 50% Transportation, 50% Child Care, and \$90,500 Legal and Immigration Assistance.

The outcomes of the straw polls were that Proposal C would be discussed first.

Russ Zellers explained that Proposal C imposed Level 1 through 4 cuts. The council then discussed Proposal C. Brad Hume opposed Proposal C because of Housing cuts. Russ Zellers and Laura Thomas clarified that the Housing line item represents the loss of reallocation, plus 3.14% cut. Sam Kaplan and Charlene Pugh opposed Proposal C. Tracy Neil and Donald Frazier spoke in favor of Proposal C.

Donald Frazier amended Proposal C to hold nothing harmless, to collapse Level 3 back into the budget and then have proportional cuts. Toni Butler accepted the amendment, and Tracy Neil accepts as second.

Elyse Graham proposed a friendly amendment to fold Proposals Q & C together, remove DPH, do not hold new programs harmless, and to give back 50% of the cuts to the Housing reallocation. Toni Butler declined the friendly amendment.

Wayne Peace offered an amendment to hold harmless at 50% of the other cuts. Toni Butler declined the amendment.

Catherine Geanuracos spoke against the proposal unless 50% of Housing was added back.

Susan Shea insists that some categories must be held harmless.

Edward Patterson called the question.

The council voted 13 No and 8 Yes, Proposal C failed. See Attachment A.

The council moved to extend the meeting until 7:45pm.

Jeff Byers proposed a new motion: Proposal C (same as previous) but with \$227,000 added back for Housing. Larry Cruz seconded the motion.

Larry Cruz spoke in favor of the new motion. Elyse Graham, Donald Frazier, and Tracy Neil spoke in favor of the new motion.

Wayne Peace spoke against the new motion. Catherine Geanuracos called the question. The council voted 9 No and 12 Yes, the Proposal failed. See Attachment A.

The council discussed why members voted No. Dirk Doepfner approved of the motion because of Level 3 added back because of other non-CARE funding sources.

Alissa Riker wanted to know why Dental (centralized) was held harmless.

Brad Hume wanted to make a friendly amendment to increase Housing from \$227,000 to the original number of \$455,000.

Wayne Peace made a motion that held harmless categories are at 50% of other proportional cuts

to the previous motion of Proposal C.

Margot Antonetty wants "held harmless" to remain held harmless.

Wayne Peace's motion did not receive a second, the motion failed.

Donald Frazier suggested returning to the previous motion, although someone who'd previously voted against it must propose it.

Jeff Byers asked DPH to speak in reference to the Level 3 cuts. Michele Long Dixon explained the rationale for Level 3 cuts as a result of intense analysis asked for by the CARE Council.

- Brad Hume proposed a new motion:
- Level 1, 2, & 4 cuts,
- honor the \$455,000 for Housing,
- no threshold for cuts,
- hold nothing harmless, including Housing, except the DPH list of new programs, etc.

Dirk Doepfner seconded.

Catherine Geanuracos spoke in favor of the proposed amendment to hold ISP, Primary Care, Housing, and other new programs to be held harmless. Brad Hume accepted the amendment to his motion. Dirk Doepfner also accepted the amendment as second. Alissa Riker passed to speak on the motion. Elyse Graham asked DPH if new programs should be held harmless. Michele Long Dixon suggested holding harmless new programs. Wayne Peace proposed that Complementary Medicine be included with Primary Care and to be held Harmless. Brad Hume did not accept the suggestion. Sam Kaplan called the question. The council voted 9 No, 10 Yes, and 1 Abstained, the motion failed.

Catherine Geanuracos proposed a new motion:

- Level 1, 2, & 4 cuts,
- hold harmless Housing, Primary Care, and ISPs; and SPH list of new programs, etc.
- Housing reallocation at \$227,500,
- proportional cuts with no hold harmless,
- no threshold.

Margot Antonetty seconded the motion.

Charlene Pugh proposed to add back Level 3 cuts. Catherine Geanuracos accepted Charlene Pugh's amendment.

Margot Antonetty does not accept the amendment as second. The amendment is not accepted.

Discussion of the original motion continued.

Brad Hume spoke against the motion.

Alissa Riker stated that Primary Care should not be held harmless.

The co-chairs facilitated several straw polls to assess where the points of clarification and distinction needed to be made. Upon clarification, Catherine Geanuracos withdrew her original motion and offered a new motion based on the feedback and input of the Council.

Catherine Geanuracos proposed a new motion:

- Implement Level I, II and IV reductions per protocol approved 12/10/01;
- Reduce the new housing allocation from \$455,000 to \$227,500;
- There will be no new ISP allocation of \$150,000;
- Only the following categories/subcategories will be held harmless:
Decentralized Dental services, Dementia Care (within the Residential Mental Health subcategory), Planning Council Support, CBC programs;
- After the Housing allocation is added to that category, proportional cuts will be taken from all remaining categories not mentioned in #4 above.

Edward Patterson seconded.

The council voted 5 No and 16 Yes. The motion passed.

Adjournment

7:45 PM

Attachment A.

HIV Health Services Planning CouncilRoll Call [1]: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of AbsenceVotes [2-10]: **Y**=Yes; **N**=No; **B**=Abstain

February 27 th , 2002			[1]	[2]	[3]	[4]	[5]
1.	Alissa Riker	<i>AR</i>	P	N	N	Y	Y
2.	Anthony Huynh	<i>AH</i>	P	Y	Y	N	Y
3.	Brad Hume	<i>BH</i>	P	N	N	Y	N
4.	Catherine Geanuracos	<i>CG</i>	P	N	Y	N	Y
5.	Cecilia Chung	<i>CC</i>					
6.	Charlene Pugh	<i>CP</i>	P	N	Y	N	Y
7.	Charles Siron	<i>CS</i>					
8.	David Gant	<i>DG</i>	P	N	Y	Y	Y
9.	Dirk Doepfner	<i>DD</i>	P	N	N	Y	N
10.	Donald Frazier	<i>DF</i>	P	Y	Y	N	Y
11.	Edward Patterson	<i>EP</i>	P	Y	Y	Y	Y
12.	Elyse Graham	<i>EG</i>	P	Y	Y	Y	Y
13.	Felicia Elizondo	<i>FE</i>					
14.	Fernando Gomez-Benitez	<i>FGB</i>					
15.	Jeff Byers	<i>JB</i>	P	Y	Y	Y	Y
16.	Jim Mitulski	<i>JM</i>	P	N	Y	Y	Y
17.	John Conley	<i>JC</i>					
18.	Jose Villarce	<i>JV</i>					
19.	Karen Wuopio	<i>KW</i>					
20.	Ken Pearce	<i>KP</i>	P	Y	Y	N	Y
21.	Kevin Johnson	<i>KJ</i>					
22.	Larry Cruz	<i>LC</i>	P	N	Y	N	Y
23.	M.Jay Sanders	<i>MJS</i>	P	N	Y	Y	Y
24.	Margot Antonetty	<i>MA</i>	P	N	N	Y	N
25.	Mark Dunlop	<i>MD</i>					

26.	Norman Tanner	<i>NT</i>					
27.	Sam Kaplan	<i>SK</i>	P	N	N	N	N
28.	Susan Shea	<i>SS</i>	P	N	N	A	N
29.	Toni Butler	<i>TB</i>	P	Y	N	N	Y
30.	Tracy Neil	<i>TN</i>	P	Y	N	N	Y
31.	Wayne Peace	<i>WP</i>	P	N	N	N	Y
32.	William Blum	<i>WB</i>					

Note: CN = Council Nominee (No Voting Privileges)

HIV Health Services Planning Council

25 Van Ness Room 330A

March 25th, 2002 4:30 PM

AGENDA

- I. Call to Order 4:30 PM
- II. Roll Call 4:32 PM
- III. Review and Approval of Agenda 4:35 PM
- IV. Review and Approval of Minutes, February 25/27th, 2002 4:40 PM
- V. General Announcements 4:45 PM
- VI. Public Comment 4:50 PM
- VII. Training—Using Epidemiology Data: Intro. to data use & limitations 5:00 PM
Epidemiology Presentation: HIV & AIDS in San Francisco
(Ling Hsu & Willi McFarland)
- Dinner Break 6:00 PM
- VIII. SFDPH, HIV Health Services Quarterly Report (Michelle Long Dixon) 6:15 PM
- IX. Overview of Ryan White CARE Act legislation and HRSA regulations 6:30 PM
(Laura Thomas)
- X. Committee Reports 6:45 PM
- Steering Committee
Committee Structure Proposal — VOTE
Prioritization Timeline:
3-Year Plan
 - PWA Caucus
 - Membership Committee
 - Housing Committee
 - Implementation & Evaluation Committee
- XI. New Business 7:20 PM
- XII. Adjourn 7:30 PM

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Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Wed	04/03	Housing Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Mon	04/08	Membership Committee	25 Van Ness, Room 330A	4:30 – 6:30 PM
Tues	04/09	Implementation & Evaluation Committee	25 Van Ness, Room 330B	3:00 – 5:00 PM
Wed	04/10	PWA Caucus	25 Van Ness, Room 330B	5:30 – 7:30 PM
Mon	04/15	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Mon	04/22	HIV Health Services Planning Council	City Hall, Room 201	4:30 – 7:30 PM

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

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HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: March 25th, 2002
Meeting Place: 25 Van Ness, Room 330A
Meeting Time: 4:30pm - 7:30pm (Extended to 7:40 PM)

I. Call to Order
4:30pm

II. Roll Call
See Attachment A.

III. Review and Approval of Agenda
The Agenda was approved.

IV. Review and Approval of Minutes, February 25th, 2002
Mjay Sanders made minor corrections to the minutes. The corrections were noted for change. The minutes were approved.

V. General Announcements

Margot Antonetty announced that the month of April is Harm Reduction Month for the Department of Public Health.

Kevin Johnson announced that several membership applicants were present at the meeting and asked them to introduce themselves to the council.

VI. Public Comment

There was no public comment.

VII. Training – Using Epidemiology Data: Introduction to Data Use & Limitations Epidemiology Presentation: HIV & AIDS in San Francisco

Laura Thomas handed out information sheets regarding statistics and information on the epidemiology of HIV. *Laura Thomas* reviewed each handout and presented the importance of each one. See Handout – Total San Francisco Population.

Glossary of Terms – Definitions and Resources helps to understand statistical information about the epidemiology of HIV, how to use the data in the council process and the demographic breakdown of San Francisco. *Laura Thomas* stated that the council is responsible for knowing what the epidemiology looks like; to understand the demographics in order to understand how it is used in the Title I grant applications.

The Surveillance data, collected primarily from medical charts, consists of demographic information, how the client was infected with HIV, what medications the client currently is taking, geographical information, long-term infection information, trends, and demographic changes over time.

The council should use this data to examine the difference between large groups vs. disproportional groups, how to use the information in Prioritization, what

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are the limitations and barriers clients' face, and what groups are not in care or under represented in the CARE-funded system.

Ling Sue then presented a Power Point presentation on the status of epidemiology in San Francisco. After the presentation, *the council* discussed the information presented regarding the epidemiology of HIV in San Francisco. *The council* asked detailed questions about the presentation regarding the transgender population, public versus no insurance, trends, Medicare, quality management, rise in STD infection, homelessness, and medication usage.

VIII. SFPDPH, HIV Health Services Quarterly Report

Michele Long Dixon reviewed the handout; HIV Health Services 4th Quarter Report regarding the 2000-01 Carry Forward Update and Standards of Care. See *Handout Rollover Funding for FY 01-02 & HIV Health Services 4th Quarterly Report to the HIV Health Services Planning Council*.

IX. Overview of Ryan White CARE Act Legislation and HRSA Regulations

Laura Thomas reviewed the following handouts: Reauthorization Issues, The Ryan White CARE Act, Priority Setting and Resource Allocation, Health Care, Definitions and Resources, and Understanding Statistics. See *Handout The Ryan White CARE Act, Definitions & Resources, Understanding Statistics, Priority Setting and Resource Allocation, Health CARE, Reauthorization Issues, & Priority Setting*. *Laura Thomas* stated that the Ryan White CARE Act handout could be used to help direct the council and the language for the Grantee Assessment. See *Handout The Ryan White CARE Act, Definitions & Resources, Understanding Statistics*. The Priority Setting and Resource Allocation handout can be a guide with Prioritization. See *Handout Priority Setting and Resource Allocation*. The Health Care handout will help with the HRSA definition and service category terminology. See *Handout Health Care*. The Reauthorization Issues handout explains HRSA's expectations from Needs Assessment and Prioritization. See *Handout Reauthorization Issues*. The Priority Setting handout shows the language in the Ryan White CARE Act concerning the council. See *Handout Priority Setting*.

X. Committee Reports

- Steering Committee

Catherine Geanuracos spoke about the City's Finance Meeting. *Jim Illig* announced that the Mayor had decided to take money from the general fund from DPH to supplement the CARE funding cuts, resulting in 1/3 less cuts. *Catherine Geanuracos* announced the training at the Steering Committee on Effective Meeting Facilitation was great and helpful.

Catherine Geanuracos lead the discussion on committee structure, to have 5 committee meetings (I & E, Membership, Community Action, Housing, and PWA Caucus) and 2 work groups (Mental Health/substance Abuse and 3-Year Plan). *Catherine* spoke about the importance of the Housing Committee and hopes that other similar committees or work groups can be modeled in the same way. *The council* discussed the proposed committee structure, By-laws, and the role of the committees.

Catherine Geanuracos proposed to have an additional Steering Committee meeting in April, on the 1st from 5pm – 6:30pm to discuss the information the council

wants about the service categories, cuts, funding sources from DPH and Providers. The council approved the additional meeting.

- PWA Caucus

Mjay Sanders reviewed the minutes from the PWA Caucus meeting. *Mjay* also stated that the increasing number of public comments by clients and providers is encouraging.

Richard Bargetto's HIV report for February includes a cumulative report for the prior year; *Mjay* stated that this data would be useful for Prioritization.

Mjay sanders gave an update on the Needs Assessment demographics, process, and data collection.

- Membership

Kevin Johnson reviewed the current demographics of the council and the available seats (mandated seats and other vacancies). *Kevin Johnson* gave an update on the status of the outreach brochure, orientating new members, mentoring new members, and tracking attendance. *See Handout Attendance (L)*. The council then discussed the attendance record for the last quarter.

- Housing

Margot Antonetty reported that Brad Hume and she were successful in obtaining a seat on the SRO Task Force for the HIV Health Services Planning Council. *The council* then needs to decide who will be filling the seat.

- Implementation and Evaluation

Charlene Pugh reported that the I & E committee is currently reviewing the last Grantee Assessment and Prioritization and will be gathering information to assist in this year's process.

Adjournment

7:40 PM

HIV Health Services Planning Council

Roll Call [1]: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of Absence

Votes [2-10]: **Y**=Yes; **N**=No; **B**=Abstain

March 25th, 2002

		[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1. Alissa Riker	AR	P									
2. Anthony Huynh	AH	P									
3. Brad Hume	BH	P									
4. Catherine Geanuracos	CG	P									
5. Cecilia Chung	CC	P									
6. Charlene Pugh	CP	P									
7. Charles Siron	CS	P									
8. David Gant	DG	P									
9. Dirk Doepfner	DD										
10. Donald Frazier	DF	P									
11. Edward Patterson	EP	P									
12. Elyse Graham	EG	P									
13. Felicia Elizondo	FE	P									
14. Fernando Gomez-Benitez	FGB	P									
15. Jeff Byers	JB	P									
16. Jim Mitulski	JM	P									
17. John Conley	JC	P									
18. Jose Villarce	JV										
19. Karen Wuopio	KW	P									
20. Ken Pearce	KP	P									
21. Kevin Johnson	KJ	P									
22. Larry Cruz	LC	P									
23. M.Jay Sanders	MJS	P									
24. Margot Antonetty	MA	P									
25. Mark Dunlop	MD										
26. Norman Tanner	NT										
27. Sam Kaplan	SK										
28. Susan Shea	SS										
29. Toni Butler	TB										
30. Tracy Neil	TN										
31. Wayne Peace	WP										
32. William Blum	WB	P									

Note: CN = Council Nominee (No Voting Privileges)

TIME, DATE, & LOCATION OF COMMITTEE MEETINGS

HIV Health Services Planning Council Committee Meeting - May 2002

Committee Meeting

<u>Committee Meeting</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Housing Committee Meeting	Wed. 1 st	3pm-5pm	SFAF 995 Market 2 nd FI Conference Room
Community Action Committee Meeting	Mon. 6 th	5pm - 6:30pm	25 Van Ness 330A
PWA Caucus Meeting	Wed. 8 th	5:30pm-7:30pm	25 Van Ness 330A
3-Year Plan Work Group	Thurs. 9 th	4pm - 6pm	25 Van Ness 330A
Membership Committee Meeting	Mon. 13 th	4:30pm-6:30pm	25 Van Ness 330A
Implementation & Evaluation Committee Meeting	Tues. 14 th	3pm-5pm	SFAF 995 Market 2 nd FI Conference Room
Steering Committee Meeting	Wed. 15 th	5pm - 6:30pm	25 Van Ness 330A
HIV Health Services Planning Council Meeting	Mon. 20 th	4:30pm-7:30pm	City Hall - Mayor's Conference Room 201

HIV Health Services Planning Council Committee Meeting - June 2002

Committee Meeting

<u>Committee Meeting</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Housing Committee Meeting	Wed. 5 th	3pm-5pm	25 Van Ness 330B
Community Action Committee Meeting	Mon. 3 rd	5pm - 6:30pm	25 Van Ness 330A
Membership Committee Meeting	Mon. 10 th	4:30pm-6:30pm	25 Van Ness 330A
Implementation & Evaluation Committee Meeting	Tues. 11 th	3pm-5pm	25 Van Ness 330A
PWA Caucus Meeting	Wed. 12 th	5:30pm-7:30pm	25 Van Ness 330A
3-Year Plan Work Group	Thurs. 13 th	4:30pm - 6:30pm	25 Van Ness 330B
Steering Committee Meeting	Mon. 17 th	5pm-6:30pm	25 Van Ness 330A
HIV Health Services Planning Council Meeting	Mon. 24 th	4:30pm-7:30pm	City Hall - Mayor's Conference Room 201

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HIV Health Services Planning Council

City Hall - Mayor's Conference Room 201

April 22nd, 2002 4:30 PM

AGENDA

- I. Call to Order 4:30 PM
- II. Roll Call 4:32 PM
- III. Review and Approval of Agenda 4:35 PM
- IV. Review and Approval of Minutes, March 25th, 2002 4:40 PM
- V. General Announcements 4:45 PM
- VI. Public Comment 4:50 PM
- VII. Presentation – Standards of Care, Dara Coan, Harder & Company 5:00 PM
- VIII. Presentation – Quality Management Plan, Michelle Long Dixon, SFDPH HHS 5:15 PM
- IX. Presentation – HIV/AIDS Services in San Mateo County, John Conley, SMC, DPH 5:30 PM
- X. Committee Reports 5:45 PM

- Membership Committee
 - By-Laws Amendment Vote Notification
 - Membership Nominations – **VOTE**

Dinner Break

6:00 PM

- Steering Committee 6:10 PM
 - Prioritization – Targeted vs. Proportional Cuts – **VOTE**
 - 3-Year Plan Working Group

04-22-02 P12:24 RCDV

- PWA Caucus 7:00 PM

- Housing Committee 7:10 PM

- Implementation & Evaluation Committee 7:15 PM

- Grantee Assessment
- Substance Use/Mental Health Work Group

- Community Action Committee 7:20 PM

- XI. New Business 7:25 PM

- XII. Adjourn 7:30 PM

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Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Wed	05/01	Housing Committee	SFAF 995 Market 2nd Fl Conference Rm.	3:00 – 5:00 PM
Mon	05/06	Community Action Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Wed	05/08	PWA Caucus	25 Van Ness, Room 330A	5:30 – 7:30 PM
Mon	05/13	Membership Committee	25 Van Ness, Room 330A	4:30 – 6:30 PM
Tues	05/14	Implementation & Evaluation Committee	SFAF 995 Market 2nd Fl Conference Rm.	3:00 – 5:00 PM
Wed	05/15	Steering Committee	25 Van Ness, Room 330B	5:00 – 6:30 PM
Thurs	05/09	3-Year Plan Work Group	25 Van Ness, Room 330A	4:00 – 6:00 PM
Mon	05/20	HIV Health Services Planning Council	City Hall – Mayor's Conference Rm 201	4:30 – 7:30 PM

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PWA CAUCUS REPORT – MARCH 2002

LAST MONTH'S CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Housing	SFAF	Documentation Production Time	Withdrawn
3-	Case Management	TLC/Continuum	Quality of Care	Resolved
4-	Housing	Lodestar/Haight Ashbury	Quality of Care	Pending
5-	Mental Health	Mano-a-Mano/IFR	Quality of Care	Resolved

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client receives a subsidy from the SFAF and began working a few months ago. Client called the SFAF to inform them that he was working. The SFAF informed the client that his next check would be suspended until he could demonstrate more clearly how much money he had earned over the last few months. Because the client works for the SF Unified School District, obtaining the proper documentation was difficult to retrieve quickly; however, client was able to obtain the proper documentation and the client's subsidy was paid on time. Client filed a grievance so that funds should not be suspended while necessary documents are being provided. Client believes that a 30-day response time should be allowed when providing financial documentation. The SFAF disagreed and claims that they could potentially be violating a funding contract by releasing a check to a client who no longer meets the eligibility requirements by working. Client is not satisfied with the response and has requested further documentation from the SFAF and AIDS Office. After many months, this grievance withdrawn through client inaction.

- 3- Client claims that he received poor treatment from his case manager at the TLC program of Continuum. Client claims that he had to wait unreasonable delays for meetings, was denied his med-card & bus tokens, was referred to agencies with inappropriate services and improperly terminated from the program. Client filed a grievance with the assistance of the Advocacy Project. Continuum responded that the client had been terminated but that this termination would be suspended until the client was fully linked with other services. Additionally, Continuum agreed to modify its bus token distribution method to more efficiently and effectively respond to clients needs. Client is very satisfied with the response.
- 4- Client claims that she was began receiving services from a residential drug treatment program, Lodestar, at the end of last year. During one of the group sessions, client disclosed some very intimate details about her personal history. Client claims that during one of the sessions the group facilitator called her a liar and ridiculed her attempt at honesty. A few days later, client was hospitalized for her heart condition and given a morphine drip. When she returned to Lodestar, she was allegedly terminated from the program for "drug seeking." Client departed the program and filed a grievance seeking an apology and a written explanation of the basis for her termination. Client is awaiting a response and the Advocacy Project is monitoring the grievance. Client is also reconsidering a re-entry into the program.
- 5- Client claims that he was treated poorly while trying to seek mental health services from Mano-a-Mano at Instituto Familiar de la Raza (IFR). Client claims that after going through two meetings he was told that the staff at Mano-a-Mano were unable to assist him. He further claims that they called him "paranoid & crazy" and they made him cry. Client filed a grievance requesting a written apology and sensitivity training for the staff members involved. IFR responded that they regret any misunderstanding between their agency and the client. IFR also continued to offer mental health services in the future if the client wishes to use them. Client is minimally satisfied with the response.

NEW CASES

<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1- Food	Project Open Hand	Termination from Service	Pending

- 1- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is monitoring the process.

Referral Calls:	ALRP Services	2
	HWL Services	1
	Project Open Hand Services	1
	AEF Services	1
	HIV Testing Services	1
	ADAP Services	2
	Derek Silva Grievance Procedures	1
	<u>SRO Grievance Procedures</u>	<u>2</u>
	Total	11

* Duplicated Client

(Report prepared by Richard Bargetto on 3/29/02)

HIV Health Services Planning Council STEERING COMMITTEE MEETING

Meeting Date: April 1st, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm - 7pm
Members Present: Catherine Geanuracos; Margot Antonetty; Susan Shea; Charlene Pugh; Elyse Graham; Charles Siron; Sam Kaplan; Felicia Elizondo; Anthony Huynh; and Mjay Sanders.
Others Present: Michelle Long Dixon (HIV Health Services); Jim Illig (Project Open Hand); Laura Thomas (DPH); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Mon., April 15th, 25 Van Ness, Room 330A, 5pm -6:30pm

DOCUMENTS DEPT

Introductions/Announcements

There were no announcements.

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Prioritization Plan

Catherine Geanuracos stated that the council needs to plan out Prioritization to give DPH a reasonable amount of time to gather the information the council needs for the process; also the council needs to decide on the philosophical issue of targeted cuts versus proportional cuts. See Handout Draft Agenda for Priority Setting, Proposal for FY2003 Priority Setting Process. Laura Thomas reviewed the Proposal for FY2003 Priority Setting Process. The goals for Priority Setting are to come up with a solid list of questions and determine what the focus will be. Laura Thomas reviewed the draft agenda for Priority Setting.

The committee discussed the presentation format, length, content, and the draft agenda. The issues that were addressed were last year's process, a need for detailed information regarding the budget, units of service, program description, number of clients served, and the amount of CARE funding used to sustain service.

The committee then discussed the issues of targeted cuts versus proportional cuts, whether or not to hold any categories harmless, the pros and cons of contractor presentations, and what information the council needs and what questions do they want answered in the presentations. Catherine Geanuracos stated that the presentation format and information should resemble Russ Zellers' report on "Proposed Outpatient Substance Use Service Reductions" (See February's 2002 CARE Council Meeting). The committee discussed Russ Zellers' report format and what information the council would like contained in it from the presentations.

Michele Long Dixon asked that the council remember that the AIDS Office has a limited amount of time to put these reports together and that highly detailed information was not possible. The committee discussed the time constraints of the AIDS Office and the information they want in the presentations.

The committee discussed detailed presentations about all services categories, including sub-categories and aggregate reports. Michele Long Dixon reminded the committee that that level of detailed information would take a large amount of time to put together and to present.

The committee discussed the order of presentations and the upcoming CARE council meeting. The committee then discussed target cuts versus proportional cuts and decided that this discussion should happen during the next CARE council meeting; it was put on the agenda for the next CARE council meeting.

Catherine Geanuracos announced that she would write a summary of what was discussed concerning the information wanted in the provider presentations and would email them out to the committee.

Adjournment

6:40pm

Draft Agendas for Priority Setting, FY2003

Each meeting includes:

- ♦ 30 minutes for Council business, including public comment.
- ♦ 10 minutes for a break..
- ♦ 10-15 minutes for discussion at end.
- ♦ Each of these agendas should fit into a 2 hour period.

February 25, 2002

- DPH budget – Jimmy Loyce
- Overview of CARE Award for 02-03
- Reductions Protocol Discussion / VOTE

March 25, 2002

- HHS Quarterly Report
- Overview of RWCA legislation and HRSA regulations
- Training on using epi data: introduction to data use and limitations
- Epi presentation: HIV & AIDS in SF.
- *Review of retreat decisions and follow-up – Committee Structure -*

April 22, 2002

- ~~Overview of prioritization schedule.~~
- ~~Reggie data - Rani & staff~~ Targeted vs. p
- standards of care presentation- Dara
- Presentation from San Mateo -John Conley, San Mateo County
- Quality management update- MLD

May 20, 2002 [27th is Memorial Day]

- Presentation on Marin County -Karen Wupio, Marin County
- Results of Needs Assessment
- Training: ?

June 24, 2002

- Training on system of care: other funding streams, Medi-Cal
- Utilization report
- HHS discussion of costs/services, etc.
- HHS quarterly report

July 8, 2002

- Training on conflict of interest
- Presentation on CBC programs and needs
- Primary Care

July 22, 2002

- Substance Abuse (include input from Prevention Council)
- Mental Health (include input from Prevention Council)
- Training on: Robert's Rules of Order

July 29, 2002?

- ?Joint meeting with Prevention?

August 26, 2002

- Presentation and approval of 3-year plan
- HIV Health Services & DPH priorities.
- Review of materials: shared values & vision. Epi data. Definitions. Budget. Review of HRSA expectations and requirements

August 24?, 2002 - RETREAT

- Introduction to group decision making process, including guidelines and expectations
- Decision: Priority order of categories
- Decision: goals & objectives – Systemwide and 3 categories
- Decision: Allocations
- Decision: Reductions Protocol
- Decision: 3 categories to prioritize for next cycle
- Review priority-setting process: what worked/didn't work

Proposal for FY2003 Priority Setting Process for the San Francisco HIV Health Services Planning Council

1. **Schedule:** One meeting every month through August, with a full day retreat in August. Meetings will be held on Mondays from 4:30-7:30 at City Hall, Room 201 (or another meeting room if that is unavailable). Meetings will be April 22, May 20, June 24, July 22, and August 26. There are five Mondays in July and an extra meeting could be added then if needed.
2. **Priority setting process:** Priority setting will be conducted primarily in a large group format, with activities and decisions taking place at the full Council meetings. Information will be mailed out before the meetings as much as possible. The bulk of the decision making and voting will occur at the retreat.
3. **Outcome:** The outcome of the process will include the list of service categories in priority order, funding allocations for each of the categories for the grant budget, and a set of goals and objectives for each service category. The funding allocations will include a flat-funding scenario and a reduced funding scenario.
4. **Organizing Committee:** The process will be overseen by the Steering Committee which will meet as needed.
5. **Format of meetings:** Each meeting will have a training component, at least one presentation, and include time for discussion at the end.
6. **Facilitator:** A facilitator will be hired to facilitate the retreat to enable all Council members to participate in the priority setting and allocation process. Council staff will identify and hire someone. Funds will be set aside in the Council support budget.
7. **Consumer input:** The PWA Caucus has the primary responsibility for collecting additional consumer input, although it is the responsibility of all Council members to help with this task. The needs assessment will provide the bulk of the consumer input required for this year. The Council will use existing data collection and needs assessment opportunities as much as possible.
8. **Timeline:** This priority setting process is for Fiscal Year 2003, beginning March 1, 2003. It is for one year only.
9. **Training:** Training will be coordinated by Council staff, with assistance from the AIDS Office. Additional trainings may be developed and conducted for Council members outside of regular meetings as needed. A new member orientation will be conducted as soon as possible.
10. **Service categories:** The Council will focus on a few service categories in depth this year, with the goal of focusing on all of them over the next three years. The categories for this year include mental health and substance abuse. Other categories may be added to this list. The questions to be covered and the format of the presentations will be determined by the Steering Committee.

HOUSING COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: April 3rd, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 3pm - 5pm
Members Present: Brad Hume and Dirk Doepfner
Others Present: Andrew Williams III (DPH); Laura Thomas (SF DPH - AIDS Office); Michael P. Finley (Public); George Simmons (CCASF); Raegan Joern (SFAF); Amy Cunninghis (SFAF); Edwin del Carpio (AEF); Wolfgang Stuwe (DPH - HUH); John Tautsis (DPH - Housing); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wednesday, May 1st, 25 Van Ness, Room 330A, 3pm - 5pm

Introductions

Announcements / Public Comment

Robert Owens announced that Positive Resource Center (PRC) received a grant from the Employment Development Department (EDD), through the hard work of Assemblywoman Carole Migden, Michael Bernick, Director of the EDD, Mark Misrok, Employment Services Program Coordinator at PRC, Governor Gray Davis, and all of the other hardworking people at PRC and EDD.

Michael P. Finley stated that he has been positive for a year and a half and he is interested in learning more about HIV. Michael is disturbed that there is not enough affordable housing in San Francisco; he rent will be increasing, will not be able to afford the increase, and he has applied and been rejected at a number of SRO's.

Update on HUH Projects

Wolfgang Stuwe announced that the Rivera has 20 beds that are available. The Broderick is going well and being utilized. The Star is on schedule, with a staff training on May 15th and a move in date for June 1st. The Star has approximately 50 rooms with 33 of them are HIV units. The Camelot still is in the construction process, they have obtained a secured loan through HUD to finish the building. The Camelot in May will be orientating referral agencies, applications will be sent out by June, and the move in period will be between June to August.

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SRO Task Force

Brad Hume announced that he, Margot Antonetty, and Catherine Geanuracos went to the SRO Steering Committee to ask for a seat for the council on the SRO Task Force. The SRO Steering committee was receptive to the idea and brought the idea to the SRO Task Force. The SRO Task Force was also receptive to the idea and sent the recommendation to the Board of Supervisors for them to decide. Currently the council is waiting for the Board of Supervisors decision. Brad Hume stated that hopefully within the next year the council will obtain the seat on the SRO Task Force.

CARE Budget

Wolfgang Stuwe discussed the decision by the Mayor to use general funds from DPH's budget to backfill 1/3 of the cuts from the reduction in CARE funding. Wolfgang announced that the cuts in CARE funding will not affect SRO beds, since these beds have already been paid for.

Laura Thomas announced that DPH received the Title II award; San Francisco received slight more than last year, while San Mateo and Marin received slightly less than last year.

Amy Cunninghis asked what is the new percentage to the porprootional cuts with the backfill from DPH. Laura Thomas stated that it was approximately 6% and with the backfill it will be approximately 4%; each agencies when they receive their award letters will have an accurate number.

3-Year Plan

Brad Hume asked the committee to brain-storm about the 3-Year Plan and how it relates to housing. Laura Thomas reviewed the 3-Year Plan process; it's mandated by HRSA that oversees Title I funding and needs to be completed by September 2002. HRSA has a recommended format but it is not really specific. Laura Thomas suggested to use last years Priority Setting goals and the Needs Assessment in constructing the 3-Year Plan.

Brad Hume stated that he was disappointed that he was the only council member there.

George Simmons stated that the Re-development Agency paid for the development for a Housing Plan and will bring in the document to the next Housing meeting; this plan might be helpful with the 3-Year Plan. Laura Thomas suggested using the cities consolidation plans from the Mayor's Office on Housing. George Simmons volunteered to obtain the information. Brad Hume stated that he would like to see more money go into Mental Health and Substance Abuse programs at the Star and Camelot. Dirk Doepfner stated that he would like to know why there are not larger SRO facilitates like Derek Silva.

Needs Assessment

George Simmons inquired about the process of screening clients for the Needs Assessment survey and its integrity. Brad Hume stated that these issues have already been addressed with the Needs Assessment contactors and the interviewers have been retrained.

Next Agenda

3-Year Plan

Update on new HUH projects

Church Street Update

Re-development Update.

Adjournment

HIV Health Services Planning Council MEMBERSHIP COMMITTEE MEETING

Meeting Date: April 8th, 2002
Meeting Place: 25 Van Ness, 330A
Meeting Time: 4:30pm – 6:30pm
Members Present: Kevin Johnson; Mark Dunlop; Charles Siron; Larry Cruz; Elyse Graham; Ken Peace.
Others Present: Eric Whitney (Council Coordinator); Laura Thomas (SF DPH - AIDS Office); Edwin del Carpio (AEF); George Simmons (CCASF); Curtis Baker (Consumer); Skye Ambrose (Consumer); and Robert Owens (Council Admin Asst.).
Next Meeting: Monday, May 13th, 2002, 25 Van Ness 330A, 4:30pm – 6:30pm

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Introductions

Review of Agenda

Amendment to the agenda, Mecca Cannariato has withdrawn her application, she will not be interviewed. The agenda was approved.

Review of Minutes

The committee approved the minutes from the last meeting.

Public Comment

Eric Whitney announced that he attended a meeting last week in Sacramento for the California Comprehensive HIV Plan (State Wide Consumer Group). Eric announced that there are available council seats for San Francisco's EMA.

HRSA Status Report

Laura Thomas reviewed the current members demographics and the open seats. There are 31 current council members, 9 vacancies; 2 mandate seats to be filled by a Title III and AETC person; needed to fill to meet the council requirements are 2 African-American unaffiliated HIV+ consumers, 2 Caucasian unaffiliated HIV+ consumers, and 1 Native-American person. Laura Thomas will be sending the report to HRSA in April concerning the current membership status of the council. See Handout – Revised Tables.

Overview of Interview Process

The committee reviewed the interviewing process to the new candidates; the candidates will be interviewed individually; after all interviews are complete the committee then would discuss the candidates. The candidates will be informed later that week if the committee will recommend them to the council.

Overview of Council Members Responsibilities

Eric Whitney reviewed the language on the front page of the Membership Application Form, explained the training process, laid out the specific demographics mandated by HRSA and the council By-laws, and the commitment level required by council members. Eric also reviewed the appointment process by the Mayor, required financial disclosure by council members, and the sunshine ordinance.

Interviews

George Simmons has lived in San Francisco for 25 years and he has worked 16 years as a HIV Service Provider. He worked at Shanti from 1983 to 1995 as a volunteer coordinator and conducted a support group. He worked at Catholic Charities from 1995 to present as a housing provider. George has been involved with the Housing Committee and I & E Committee. George's main concerns are homelessness and substance abuse. He also has been involved with HIV prevention and conducts workshops with HIV+ men with HIV- men and is familiar with the Harm Reduction Model.

Curtis Wayne Baker is from Marin and has lived in San Francisco for 15 years. He is currently a recipient of CARE funding and has found it to be very helpful. Curtis has been a volunteer at Walden House as a Substance Abuse Counselor and in Marin City as a Youth Prevention Educator.

Skye Ambrose is a HIV+ transgender woman, who has lived in San Francisco for 18 years. She is currently in the vocational rehabilitation program. Skye volunteers her time a Catholic Charities as administrative support. Her concern about HIV services is that it's difficult to navigate; she would like to assist in consolidating services, to make it easier for clients. She would like to be a liaison to the transgender community.

The committee at this point had a brief discussion about Derrick Mapp.

Edwin del Carpio has been with AEF for a year and a half as a Financial Controller; his role recently has focused on contracts and direct client services. He would like to contribute his contract and financial experience to the council. Edwin would like to assist with changing the contract and funding policy's;

focusing on eliminating duplication of services, luxury services, and to figure out how to combine services in a "one-stop-shop". He would also like to aide the council in refocusing them to the topic discussion.

Review New Candidate – Lara Sallee

The committee discussed the new candidate, Lara Sallee, who will fill the Mandated Title III seat.

Review of Candidate

Laura Thomas again reviewed the demographics of the council and the needed seats.

The committee discussed the policy of having 67% of council members HIV+. There was consensus that this policy was too strict and resulted in a loss of qualified candidates because they did not meet the demographic need. The committee decided to bring the issue to the PWA Caucus to discuss changing the policy. Laura Thomas suggest that if this was the case then the By-laws will need to be changed.

The committee then discussed the candidates that were just interviewed. After a lengthy discussion, the committee decided to recommend the following candidates to the council: George Simmons, Curtis Wayne Baker, Skye Ambrose, and Edwin del Carpio.

The committee discussed the recommendation process and presentation. The committee decided the present each candidate individual as opposed to the current process of presenting them in a group.

Adjournment

7:05pm

Implementation & Evaluation COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: April 9th, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5pm - 7pm
Members Present: Kevin Johnson; Sam Kaplan; Elyse Graham; William Blum; John Conley; Susan Shea; Charles Siron; Karen Wuopio; and Charlene Pugh.
Others Present: Eric Whitney (Council Coordinator); Russ Zellers (HHS); David Mancias (HHS); Celinda Cantu (HHS); Michelle Long Dixon (HIV Health Services); Edwin del Carpio (AEF); Jim Illig (Project Open Hand); Laura Thomas (DPH); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Tuesday, May 14th, SFAF 995 Market 2nd Floor, 3pm - 5pm

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Announcements / Public Comment

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No Announcements / Public Comments were made.

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Review of Agenda

The Quarterly Report was removed and Needs Assessment Update was added.
The agenda was approved.

Implementation Activities

Review of Past Prioritizations – AIDS Office Presentation

Russ Zeller reviewed and led a discussion about Dental Care Priorities. See Handout – FY 00-01 Planning Council Dental Care Priorities. The committee discussed each priority concerning dental service sites, Denti-Cal, some providers treating HIV patients differently or poorly, length of time to receive services, and referrals.

Russ Zeller reviewed and led a discussion about Substance Use Priorities. See Handout – FY 00-01 Planning Council Substance Use Priorities. The committee reviewed and discussed what was achieved and not achieved, concerning detox services and sites, acupuncture, methadone, Spanish speaking services, harm reduction, and women issues.

Russ Zeller reviewed and led a discussion about Other Support Services. See Handout – Implementation Evaluation Other Support Services Prioritization 2001-02 Update. The committee discussed Priorities 7, 8, 10, and 11. Priority 10 there was technical assistance provided; Priority 11 is related to Title IV funds. Susan Shea reviewed Priority 11, discussing the setup of the case wide conference on women, Standards of Care, and outreach to children. Susan Shea requested an agenda item for the Steering Committee to review how the council wants to handle the recommendations.

Russ Zeller then reviewed the Rollover funding for FY 01-02 and it's update. See Handout – Rollover Funding for FY 01-02 and Update.

Recent Back Fill to Across the Board Cuts in Contracts – AIDS Office

Michele Long Dixon reported that the letters for contractors will be going out at the end of the week and that they reflect the new amount and how to proceed with the contract development; continued implementation under the reduction protocol.

Evaluation Activities

Grantee Assessment

Sam Kaplan discussed contacting Lenny Green (Technical Assistant) and gave the information to both Michele Long Dixon and Laura Thomas to develop a possible contract. Michele Long Dixon announced that the council should not spend a lot of money on this process, that it was not scored on the application to HRSA, and did not get any money for conducting it. The council needs to decide on the parameters in assessing the grantee, measurable outcomes, and if the grantee is meeting the expectations. Other EMA's Grantee Assessments are very simple.

Sam Kaplan stated that the recommendation from the Contractors Association is to use the parameters from the last Grantee Assessment. Jim Illig stated for the council to not do a new one but to review the old ones efficiency around the administration of funds. Laura Thomas reviewed the language in the legislation, indicating that there needs to be an assessment of effectiveness and efficiency of services.

Sam Kaplan discussed Sacramento Grantee Assessment. Robert Owens reported that Sacramento hired a consultant to develop the instrument and the council formed a work group to conduct the Grantee Assessment, and then had the consultant review the data and compile a report. The committee discussed the cost of the Grantee Assessment, the current budget, and the use of contractors.

Several members of the committee agreed that the Grantee Assessment should review the activities of on-going services, review the last Grantee Assessment,

put together a progress report and update, and for the council and AIDS Office to put together a agreed upon criteria. The committee asked for everyone to bring to the next committee meeting ideas for what they want to measure for a Grantee Assessment.

Needs Assessment Update

Eric Whitney announced that all of the surveys and focus groups are completed and the data is in New York for analysis; 570 surveys were collected. The Providers part will be completed this month. Laura Thomas announced that the contractors are happy with the recruitment of clients and that they had a significant amount of adolescence, out-of-care, delayed-care, homeless, and undocumented clients. Michael De Mayo will be reviewing San Mateo and the Tenderloin. Laura Thomas requested for him to review the Bay View neighborhood in San Francisco, based on the Epidemiology report. Laura Thomas stated that the most difficult subjects to get were the incarnation population; the contractors need a longer lead-time in order to get access to this population.

Adjournment

HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: April 10th, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5:30pm - 7:30pm
Members Present: Kevin Johnson; Brad Hume, Co-chair; Mark Dunlop; Cecilia Chung; Ken Pearce; and Charles Siron.
Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Eric Whitney (Council Coordinator); Brian Dold (Derek Silva); Merrill Kenna (Catholic Charities); Michael P. Finley (Public); Brian Silva (PRC Volunteer); Edwin del Carpio (AEF); Steven Ewing (Guest); Jeff Morey (Consultant); Trevor S. Bougouneau (Public); Brie Cross (Public); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., May 8th, 2002, 25 Van Ness, 330A, 5:30pm -7:30pm

Introductions

Review / Approval of Agenda

The Agenda was reviewed and approved.

Review / Approval of Minutes

The Minutes was reviewed and approved.

Announcements / Public Comment

Mark Dunlop announced that the Membership Committee has approved to recommend 4 candidates for membership to the council on April 22nd. Two of the candidates are HIV+ and two are HIV-. The By-laws indicate that the council must have 67% of its members be HIV+. There are 9 vacate seats, with this rule 8 of the seats must be filled by a HIV+ person. The Membership Committee would like the PWA Caucus to revisit the 67% rule and review HRSA rule, which is 33%. The reason why the Membership Committee would like the 67% rule revisited is because the council has lost many qualified candidates due to the fact that they did not met this rule, that the number of people that apply to the council is low, and that members leave periodically through the year and reaching and maintaining this goal has been very difficult. Ken Pearce suggested that the 67% rule be reduced to 50% for the full council, and that for HIV+ unaffiliated consumers which are 40% be reduced to HRSA's mandate of

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33%. Brad Hume stated that this will be discussed at the next PWA Caucus meeting and thinks that the rule should be revisited.

Robert Owens announced that Positive Resource Center (PRC) received a grant from the Employment Development Department (EDD), through the hard work of Assemblywoman Carole Migden, Michael Bernick, Director of the EDD, Mark Misrok, Employment Services Program Coordinator at PRC, Governor Gray Davis, and all of the other hardworking people at PRC and EDD.

Ken Pearce announced that the Mayor's cuts have gone to DPH eliminating several HIV programs.

Public Comment

Michael P. Finley stated that he has been living with HIV for the past 19 months; and he is eager to learn all he can about HIV and HIV services.

Trevor Bougouneau stated that he wants to start taking a pro-active stance to assist in refining HIV services.

Steven Ewing stated that he was recently diagnosed with HIV and he wants to become more involved with helping the HIV community with support groups and fund raising efforts.

Brian Silva stated that he is currently a volunteer at Positive Resource Center. He is a long-time survive of HIV, since 1987, and he is sadden by the recent cuts in CARE funding and would like to help out the HIV community in any way.

Update Regarding Services for PLWH at Derek Silva

Merrill Kenna stated that he has been at Catholic Charities for 10 years. Merrill announced that Mercy Housing purchased the Derek Silva building on December 2001 which stabilized Derek Silva's housing situation, allowing them a permanent location. Mercy Housing has decided to renovate the Derek Silva building, upgrading the plumbing, electrical system, and seismic issues; the upgrades will cost around 3 million dollars.

Brian Dold stated that he has been the Program Director at Derek Silva for one year. Brian announced that the residences at Derek Silva have been informed of the renovations and that he is 99% sure that Derek Silva will be able to work around the residences with minimal disruption. Derek Silva will have several options for their residences for alternative housing while the renovation takes place. There will be 10 apartments available for residences to move in while there floor is being worked on, as well as financial assistance for residences whom want to stay with a friend or stay at an alternative place. The renovations will start on the first floor and basement and will work through each floor; thus

allowing most residences to remain while the renovations take place. There will be also financial assistance for storage for the residences. The renovation will begin this year in December and take about 12 to 18 months to complete.

Derek Silva is a sixth floor apartment complex, consisting of 61 units, with 66 residences. Each unit has a full kitchen and bath on a lease. The building has a program manager, two case managers, a full-time clinical coordinator, a gym, and an art studio. The residences are all have a disabling HIV+ diagnosis, with low income.

Richard Bargetto announced that since Brian and Merrill have been running Derek Silva that their grievances have been reduced by 47%.

HIV Consumer Rights Advocacy Project Report

Richard Bargetto reviewed the current case concerning termination from services at Project Open Hand. *See Handout – PWA Caucus Report – March 2002.* The committee discussed the case and options for people with violent behavior. Richard is continuing with this case offering possible alternatives for the client and agency.

Needs Assessment Task Force Update

Brad Hume spoke about the concerns brought up at the last PWA Caucus meeting regarding the survey process and the confidentiality issues around the individual that brought up the issue. Brad Hume direct the committee to review the status reports from the contractors that discussed the issues. The committee discussed the confidential issue, the validity of the surveys, and how the contractors will handle the problem surveys. Eric Whitney gave a brief overview of the status of the Needs Assessment. Charles Siron stated that he attended the survey interviewer training and found that the training covered all problem issues and how to handle them.

Consultant's Presentation

Brad Hume introduced Jeff Morey, Consultant to the committee. Eric Whitney gave a brief overview of the reason why a consultant, Jeff Morey, was hired, the work that he has done for the committee, the funding for the project, and the process of the project. *See Handout – PWA Caucus Policy & Practice.* Eric Whitney stated that this is a living document, please review the content only.

Jeff Morey reviewed the document, PWA Caucus Policy & Practice, with the committee and had a brief discussion about each point. Jeff Morey explained his process, reasons for the content of the document, the inserts from the By-laws, the Mission Statement, and the expectations laid out in the document.

Next Meetings Agenda

- 67%/40% By-laws Rule on HIV+
- PWA Policy & Practices
- Mission Statement
- Discuss – 3-Year Plan
- Discuss – Prioritization
- Discuss – Target vs. Across the Board Cuts

Adjournment

The meeting was adjourned at 7:30 p.m.

HIV Health Services Planning Council Community Action Committee

Meeting Date: April 11th, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5:30pm - 7:30pm
Members Present: Kevin Johnson; Jim Mitulski; Dirk Doepfner; Anthony Huynh; William Blum; Cecilia Chung; and Charles Siron.
Others Present: Eric Whitney (Council Coordinator); Michael P. Finley (Public); Brian Silva (PRC Volunteer); Edwin del Carpio (AEF); Laura Thomas (DPH); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Mon., May 6th, 2002, 25 Van Ness, 330A, 5:00pm -6:30pm

Introductions

Discussion

Eric Whitney will moderate the discussion of the committee. Eric Whitney reviewed what the purpose of the committee was and asked the committee to brainstorm ideas about the goals and direction of the committee.

Jim Mitulski stated that his "brainstorm" ideas were to have a strong visual presence in the community, to create a public voice, and to have as many people march in the candlelight vigil for AIDS in May. In addition, Jim stated that the committee should meet with each San Francisco Supervisor to advocate for HIV/AIDS clients; to have about 10 or so clients come to the meeting and tell their stories to the Supervisors.

Kevin Johnson asked if the council could advocate publicly? Jim Mitulski replied that it was more about creating consciousness. Eric Whitney stated that it was about advocacy efforts around political issues. Laura Thomas stated that she will get clarity of the limits of advocacy.

Kevin Johnson stated that he would like the committee to become a liaison between Providers such as Mental Health and Substance Abuse.

Edwin del Carpio stated clients should be educated about the impact of the recent cuts.

Cecilia Chung stated that the committee should work more closely with other funders to spend money more efficiently.

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Dirk Doepfner stated that the committee should use Pride as a way to inform people about the cuts to CARE funding; quote – “\$2.2 Million is too damn much!” Eric Whitney said that the committee should have a Public Relations component. Eric Whitney also stated that council members should communicate with people involved with policy work to communicate how the cuts have affected the council’s work. Cecilia Chung stated that the committee should also focus on Public Relations and advocacy.

Jim Mitulski stated that council members should lobby their own community. For example, in 1995 patients of Kaiser protested for Kaiser to test for viral load. This action raised consciousness of the community and encouraged them to lobby.

Cecilia Chung stated that the committee should use press releases to allow for better coverage on issues such as the CARE Cuts.

Charles Siron stated that the committee needs to work in conjunction with the PWA Caucus on events such as the community forums. Kevin Johnson agreed, stating that the PWA Caucus has internal mechanisms that would be beneficial to the committee.

Laura Thomas suggested that the committee coordinate with the Prevention Planning Council, Substance Abuse Treatment on Demand Council, and have training for the council on “How to be Heard” by the government and public. The committee should also meet with state officials, congress or their staff to discuss, informally, about San Francisco services. In addition, council members should sit on other councils to coordinate efforts, have community forums to involve and inform the public, and figure out a work plan and tasks they want the committee to accomplish. Forums will allow the committee to hear consumer issues, educate the public, target different populations and neighborhoods, receive feedback, and conduct needs assessments.

Cecilia Chung stated that the committee needs to form a Mission Statement. Eric Whitney reviewed the committee’s conversations and presented the common themes; they were communication with public and government, activities with the community, policy makers, media, hold forums and educational lectures. Jim Mitulski stated that the media wants to be our partners, we need to maximize our communication work in partnership with providers. Laura Thomas suggested a possible mission statement: “Communicate with the State and Federal government, public, providers, and media. Educate the public and policy makers. Conduct advocacy to influence the government. Coordinate and collaborate with the Provider Network and other councils.”

The committee then discussed public relations and press releases. Laura Thomas suggested the council to find a pro bono media person or firm.

Time, Date, & Location

The committee decided to hold the Community Action Committee on the first Monday of the month from 5pm – 6:30pm.

Next Agenda

- Mission Statement
- Gay Pride
- Structure of Committee
- Graphic Designer – Lisa Roth
- Candle Light March
- Honoring Former Council Members
- Ryan White Remembrance

Adjournment

The meeting was adjourned at 6:30 p.m.

HIV Health Services Planning Council STEERING COMMITTEE MEETING

Meeting Date: April 15th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm – 6:30pm
Members Present: Catherine Geanuracos; Charlene Pugh; Charles Siron; Donald Frazier; Kevin Johnson; and Jim Mitulski.
Others Present: Michelle Long Dixon (HIV Health Services); Jim Illig (Project Open Hand); Laura Thomas (DPH); Eric Whitney (Council Coordinator); Edwin del Carpio (AEF); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wed., May 15th, 25 Van Ness, Room 330A, 5pm -6:30pm

Introductions/Announcements

There were no announcements.

Targeted versus Proportional Cuts

Catherine Geanuracos reviewed her summary of the discussion from the May 1st Steering Committee, referencing the information needed by the council by sub-category level, summarizing programs within each sub-category, units of service and recommendations for cuts from DPH. Catherine Geanuracos and the committee would like Eric Whitney to present the two sides of the discussion as a neutral presenter. Eric Whitney will present the pros and cons of both targeted and proportional cuts. Catherine Geanuracos will prepare a written summary of each side of the discussion. The committee discussed putting in rank order sub-categories based on prioritization. Laura Thomas suggested that the committee and the council consider using both target and proportional scenarios together.

The committee then discussed the reasons for having a neutral presenter, Eric Whitney, to led the discussion. Catherine Geanuracos, Eric Whitney, and the committee decided to send out an email eliciting council members points of view on the subject, targeted versus proportional cuts. Eric Whitney will send the email out and then put together a summarized report for the council.

The committee discussed the possibility of future cuts in CARE from the Bush administration and the process of ranking the sub-categories. Laura Thomas suggested that the committee review the values and expectations of the council concerning core services before they begin the process. The committee then discussed the criteria and information needed to make the philosophical decision about targeted vs. proportional cuts.

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Committee Reports

Community Action

Jim Mitulski reported that the Community Action Committee brainstormed ideas about the goals, action plan, work plan, and mission statement for this committee.

Membership

Kevin Johnson reported that the Membership Committee will be recommending candidates for membership at the next council meeting. Two candidates are HIV-positive, unaffiliated consumers of CARE-funded services, and 2 other candidates are HIV-negative, and are employed by CARE-funded agencies, and although they have strong qualifications, their nomination may call into question whether or not they fit the demographics needed for the Council to be in compliance with its Bylaws. The Membership Committee would like the council to revisit the rule that the full council needs to have 67% of its members be HIV+. Laura Thomas stated that the council has not met this rule in over a year, due to the leaving and joining of members. Eric Whitney suggested that the Council may wish to revisit their Bylaws and address this issue prior to forwarding nominations that move the Council further from compliance. He suggested the Council consider 67% as a *Goal* for HIV-positive membership, and that all efforts should be made to achieve it, while not mandating it as a rule. The council will be notified at the next council meeting that this will be a topic for discussion, and potential vote, at May's council meeting.

Substance Abuse / Mental Health Work Group

Donald Frazier suggested that this work group be merged with the one that already exists at DPH due to the fact that Providers already go to a number of meetings and that they might not be able to join one more; in addition, it would make sense to combine the groups if they are doing the same work. The suggested merged group would add substance abuse providers, making the new group a Multi-Diagnoses Work Group. Laura Thomas suggested that several council members should participate in the work group and give reports to the council. Michele Long Dixon suggested that council members that attend the work group should bring with them past and current prioritizations.

Housing

The Housing Committee had updates on the SRO Hotels, and the Church Street Housing Project. The Housing Committee discussed the 3-Year Plan and will be making recommendations.

PWA Caucus

The PWA Caucus had a presentation about renovations at Derek Silva and the draft of the Policy and Practices Manual from the consultant. The PWA Caucus discussed Needs Assessment, HIV Consumer Rights Advocacy Project Report, and the 67% rule of council members being HIV+.

I & E

The I & E Committee had a review from DPH about Past Prioritizations concerning Dental Care, Substance Abuse, and other support services. The I & E Committee discussed the Grantee Assessment, budget, other EMA's Grantee Assessments, and Needs Assessment.

Presentation form Gary Cook

Michele Long Dixon asked the committee what subjects they would like Gary Cook to speak on. The committee decided on a review from HRSA on the council's role & responsibilities, Grantee Assessment, not-in-care issues, 3-Year Planning, training and technical assistance for the council and its members, and future outlook on funding.

Review - Catherine Geanuracos Summary - Targeted vs. Proportional Cuts

Michele Long Dixon reviewed that list of data requested and stated that the volume of information requested might be problematic to put together; an overwhelming amount of information. The committee and Michele Long Dixon discussed the list of data requested. Michele Long Dixon stated that DPH feels uncomfortable giving recommendations regarding cuts, but will have scenarios similar to those with the last reduction protocols.

Laura Thomas and the committee discussed the REGGIE presentation, its content, its importance, and time of presentation. The committee decided to wait until the full council meeting to decide what they want from REGGIE and when.

The committee discussed a possible MediCal presentation. Eric Whitney stated that Positive Resource Center has a wonderful presentation on MediCal.

The committee decided to have the next Steering Committee on Wednesday, May 15, from 5:00 to 6:30 PM.

Adjournment

6:40pm

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: April 22nd, 2002

Meeting Place: City Hall, Room 201

Meeting Time: 4:30pm - 7:30pm

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I. Call to Order
4:30pm

II. Roll Call

See Attachment A. 26 of 31 members present; a quorum was reached.

III. Review and Approval of Agenda

The Agenda was approved.

IV. Review and Approval of Minutes, March 25th, 2002

Mjay Sanders has made some changes to the minutes; he will email them to Robert Owens. The minutes were approved, with changes.

V. General Announcements

Brad Hume spent the day with Karen Wuopio at the Marin County Department of Health and Human Services. Brad thanked Karen for a great day. Brad Hume stated that he wants proposals from Providers about how cuts are going to impact their services and how they are going to handle it.

Toni Butler handed out monthly reports about STD's and syphilis. See Handouts San Francisco Monthly STD Report and Epidemiological Characteristics of Early Syphilis Cases 2001-2002.

Catherine Geanuracos stated that the deadline for the Provider Survey portion of the Needs Assessment is extended to Friday.

Mark Dunlop requested that more council members need to attend the PWA Caucus.

Ken Pearce inquired how many providers are represented by the Provider Network. Jim Illig responded with 50 to 55 providers.

VI. Public Comment

Catherine Geanuracos conducted a Straw Poll concerning who would like to speak for public comment; 19 people responded. Catherine indicated that only one person from each agency speak, each person gets one minute, and public comment has been extended for 20 minutes.

Jim Illig announced that the Provider Network would continue to discuss ideas and gather information about the Targeted vs. Proportional cuts position from other agencies.

Naomi from Lyon Martin stated that she is in favor of targeted cuts, and is concerned about cuts to primary care.

Virgin Lazarus, a HIV+ woman, announced that across the board cuts will reduce women getting services.

Miriam Johnson, a HIV+ woman who uses Lyon Martin stated that Lyon Martin has helped her out a lot; she got medical attention, mental health services, and housing services. She feels that across the board cuts will hurt primary care.

Henry Johnson, an HIV+ heterosexual male who uses the Continuum Program stated that there are not a lot of programs for heterosexual men and he has found there services to be great. He is in favor of targeted cuts.

Tim Goldstone from Tom Waddell, is in favor of target cuts. If proportional cuts are used he feels that the medication adherence program will be cut; this program has helped him a great deal.

A HIV+ client from API Wellness Center has received a lot of support from their programs. If the funding is cut, he doesn't know where else to get help.

John Walsh, a client at Saint Mary's, TARC, Quan Yin has found these agencies to be helpful and that they do a lot of good work,.

Tina, a nurse at General Hospital, is the primary health care for TARC and API clients. Across the board cuts will affect the hard-to-reach people.

Zack Cook, a HIV+ and HEP C consumer at Quan Yin, stated that he would like the council to look at proportional cuts for different agencies.

Rachel at API Wellness Center thinks that proportional cuts are bad for small agencies.

Ruth, Women's Specialty Program Director at UCSF, is in favor targeted cuts. With the current cuts they will lose provider time and social work time.

John Stansell, MD, HIV+, Medical Director at UCSF Hospital, is in favor of targeted cuts. Primary care encompasses many things, substance use treatment, mental health treatment, pharmacy, and social work.

Jane Gelfand, Senior Benefits Counselor at Positive Resource Center stated that PRC serves 1,400 client annual, focusing on the underserved populations; benefits counseling helps support other services. She is in favor of targeted cuts.

VII. Presentations – Standards of CARE, Dara Coan, Harder & Company

Dara Coan handed out and reviewed her PowerPoint presentation, Title I Standards of Care. See handouts, *Title I Standards of Care*, Dental Care, San Francisco EMA Standards of Care, Primary Care, Mental Health, and Substance Abuse.

The Title I inconsistencies issues were reviewed, addressing the development of standards of care, representing minimal expectable levels for each service category; noting that these standards are not clinical.

Dara Coan reviewed the process of developing Standards of Care, with the working groups of dental, primary care, substance use, and mental health. These working groups met over 7 months. In addition, she discussed the client feedback from the focus groups on quality and standards and the public comment period.

Dara Coan reviewed different issues concerning admission standards, policy, debates around minimum standards, and measures to indicate if standards are being met.

Dara Coan then reviewed the themes and issues concerning dental care, primary care, mental health, and substance use.

The next steps are to activate the 2003 contractors for providers and to update the case management standards.

VIII. Presentation - San Mateo

Jonathan Mesinger, Edison Clinic Manager, San Mateo County Health Services, reviewed the San Mateo HIV Health Services survey information. See handout, *San Mateo County AIDS Program Client Demographics by Provider compared to Cumulative and Living AIDS Cases*. Clients over 45 years old are more likely to receive services, due to their economic status and owning private insurance. From the client satisfaction survey, 97.8% of clients rated AIDS services as good or excellent. Migrant farmer Workers who have little access to health care, transportation shows an increase in the number of people with AIDS. Other issues that San Mateo is beginning to deal with are an aging population, health maintenance, mental health, and adherence to medications.

A comparison to San Francisco and the State of California indicates that San Mateo is more like California than San Francisco. The infection rates of African Americans level out, with more resources to treatment and prevention. Latinos have a high percentage of infection with men who have sex with men. African American women also have a high infection percentage. Daly City has the largest population of HIV+ people. The death rate has declined since 1995. In 2000, nine people have died directly from HIV/AIDS, down from 119 in 1995. Quality Assurance research has allowed the ability to track health outcomes by changes in clients treatment.

John Conley indicated that 147 out of 420 clients were surveyed in January 2002. John Conley reviewed the difference from San Mateo to San Francisco, indicating that San Mateo has no visible HIV advocacy presence or political muscle, uses no general funds to support HIV/AIDS services, that money is very competitive with other services; housing is a big challenge, San Mateo doesn't have rent control, it's very difficult to stabilize client housing.

Susan Shea asked if San Mateo has a central database like REGGIE and what is the total HIV/AIDS population. John Conley stated that San Mateo has 566 HIV/AIDS clients and has no central database.

IX. Presentation from DPH – Michele Long Dixon

See handout: *What is Quality of Care for HIV Health Services*. Michele Long Dixon reviewed the purpose of program, legislation language, and HRSA purpose in conducting this work. The objective for the San Francisco EMA is to enhance existing services. Currently the components are to develop standards of care, trainings, evaluations, and defining what quality means. Michele Long Dixon reviewed how focus groups were used, what has been developed and what will be developed. Michele Long Dixon then discussed the process of Standards of Care (SOC) development, reviewed training on dental care, case management, and other SOC integrated services programs. Next, Michele Long Dixon reviewed the monitoring process, moving to more client-centered outcomes, conducting client satisfaction surveys, and review of grievances. Data systems were then reviewed concerning information gathered, REGGIE, adherence to SOC, and areas of insufficient data. Michele Long Dixon then reviewed the sources of information, accomplishments to date, and what has been developed. Next Steps were then reviewed on how the council can participate, trainings, and updating REGGIE information.

Mjay Sanders inquired if there are ways to increase participation, in contracting with providers concerning REGGIE. Michele Long Dixon stated that yes, there is way, the language in all CARE contracts mandates participate.

Susan Shea reviewed the past council activity regarding REGGIE; stating that the council mandated Reggie participation for all CARE-funded agencies should be enforced

only when enough support was given to agencies; the council needs to have discussion about this issue.

Catherine Geanuracos stated that REGGIE will be discussed at the next Steering Committee meeting

X. Committee Reports

Membership Committee

Kevin Johnson reviewed the last membership meeting, nominations, current council demographics and available open seats. Membership interviewed four candidates and has recommended all four. Only two candidates were presented for membership at this time.

The council unanimously endorsed Curtis Baker and Skye Ambrose as new Council nominees to be forwarded to the Mayor for appointment.

The other two candidates will be presented in future meeting. The Membership Committee feels that a discussion and vote regarding the Council's Bylaws needs to occur prior to forwarding names of candidates that would place the Council in opposition to its Bylaws. Currently, the By-laws State that the Council membership must be 67% HIV-positive, and 40% unaffiliated HIV-positive consumers of CARE-funded services..

Ken Pearce reviewed the history of the "67% rule" in the bylaws and HRSA's mandates. Ken Pearce stated that the 67% HIV+ rule and the 40% unaffiliated consumers rule needs to be reviewed; it's an unrealistic rule and needs to be lowered. The council has yet to ever reach the 67% rule.

Susan Shea asked what happens if we don't follow the bylaws? Catherine Geanuracos stated that HRSA guidelines should be followed.

Targeted vs. proportional cuts

Catherine Geanuracos reviewed the Steering committee's thinking around the issues of targeted vs. proportional cuts. John Conley suggested a combination approach might work well. Catherine Geanuracos conducted a straw poll of the council: proportional cuts had 3 yeas and targeted cuts had 21 yeas.

Cecilia Chung announced that it was great to see providers show up at meetings; more information is needed from providers for them to get involved with the planning process. Catherine Geanuracos is in favor of targeted cuts in looking at services on a sub-category level, focusing on target populations, types of programs, units of service, number of clients projected and served, other funding sources, and other demographics; some information will come from REGGIE, AIDS office and providers.

Susan Shea gave a brief historical review of the I & E committee, concerning core vs. non-core services, and "hold harmless" categories.

Catherine Geanuracos stated at the next meeting in May will be the Needs Assessment presentation. This information will assist with which sub-category and categories need to be focused on more. Larry Cruz stated that it is important to get as much information as possible.

Brad Hume stated that the council needs to look at the definitions of core services. Catherine Geanuracos stated that the council should be much more specific in ranking by sub-category, from important needed services to less needed services.

The council then discussed the information that would be gathered from the Needs Assessment and how to use that information in prioritization and the 3-Year Plan. The council agreed that the cuts would be targeted.

Laura Thomas stated that the Needs Assessment has been helpful in past prioritizations; and the council should look at having two council meetings a month. Catherine Geanuracos stated that the two council meetings a month idea will be discussed at the next Steering Committee.

3-Year Plan Work Group

Catherine Geanuracos stated that the committee has begun to plan and review what needs to be done and has been done. In addition the committee will review the 5-Year Plan, timelines, needed tasks, and past Grantee Assessments.

PWA Caucus Committee

Brad Hume stated that the council should read the minutes of last meeting. Brad Hume announced that the committee will discuss the 67%/40% bylaws rule and Mission Statement at next meeting. The committee has received the draft Policy and Practices from Jeff Morey, the consultant.

Mjay Sanders would like to thank clients and providers that have attended the meeting and was very pleased with the Derek Silva report.

Housing Committee

Brad Hume stated that the committee reviewed the 5-Year plan, its goals and objectives, and had a discussion concerning targeted vs. proportional cuts. Brad Hume announced that the request to obtain a seat on the SRO task force was received well by the task force; currently the Housing Committee is waiting for the board of supervisor to approve the seat; hopefully in the next 6 months the seat will be approved.

I & E Committee

Sam Kaplan reviewed the discussion on the Grantee Assessment. At the next meeting the committee members will bring their ideas about conducting the Grantee Assessment.

Substance Abuse Work Group

Charlene Pugh stated that she will start attending meetings. Donald Frazier stated that he had attended two meetings; the next meeting will be scheduled soon. The committee might possibly combine the groups of mental health and substance abuse into one work group.

Community Action Committee

Eric Whitney stated that the committee discussed its structure, goals, and purpose. Next meeting the committee will focus on the mission statement.

New Business

Eric Whitney passed out the satisfaction survey for council support.

Adjournment

7:20

HIV Health Services Planning Council & Committee Meetings

June 2002

<u>Meeting</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Implementation & Evaluation Committee	Tues. 11 th	3pm-5pm	25 Van Ness 330A
PWA Caucus	Wed. 12 th	5:30pm-7:30pm	25 Van Ness 330A
3-Year Planning Work Group	Thurs. 13 th	4:30pm-6:30pm	25 Van Ness 330B
Steering Committee	Mon. 17 th	5pm-6:30pm	25 Van Ness 330A
HIV Health Services Planning Council	Mon. 24 th	4:30pm-7:30pm	City Hall, Mayor's Conf. Rm. 201
Membership Committee	Thurs. 27 th	4:30pm-6:30pm	25 Van Ness 330B

July 2002

<u>Meeting</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Community Action Committee	Mon. 1 st	5pm-6:30pm	25 Van Ness 330A
Housing Committee	Wed. 10 th	3pm-5pm	25 Van Ness, 5 th Floor Conf. Rm.
HIV Health Services Planning Council	Mon. 8 th	4:30pm-7:30pm	25 Van Ness 330A
Implementation & Evaluation Committee	Tues. 9 th	3pm-5pm	25 Van Ness 330B
PWA Caucus	Wed. 10 th	5:30pm-7:30pm	25 Van Ness 330A
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Steering Committee	Mon. 15 th	5pm-6:30pm	25 Van Ness 330A
HIV Health Services Planning Council	Mon. 22 nd	4:30pm-7:30pm	City Hall, Mayor's Conf. Rm. 201

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Meeting Place: City Hall, Room 201

Meeting Time: 4:30pm - 7:30pm

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I. Call to Order
4:30pm

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II. Roll Call

See Attachment A. 26 of 31 members present; a quorum was reached.

III. Review and Approval of Agenda

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IV. Review and Approval of Minutes, March 25th, 2002

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Kevin Johnson reviewed the last membership meeting, nominations, current council demographics and available open seats. Membership interviewed four candidates and has recommended all four. Only two candidates were presented for membership at this time.

The council unanimously endorsed Curtis Baker and Skye Ambrose as new Council nominees to be forwarded to the Mayor for appointment.

The other two candidates will be presented in future meeting. The Membership Committee feels that a discussion and vote regarding the Council's Bylaws needs to occur prior to forwarding names of candidates that would place the Council in opposition to its Bylaws. Currently, the By-laws State that the Council membership must be 67% HIV-positive, and 40% unaffiliated HIV-positive consumers of CARE-funded services..

Ken Pearce reviewed the history of the "67% rule" in the bylaws and HRSA's mandates. Ken Pearce stated that the 67% HIV+ rule and the 40% unaffiliated consumers rule needs to be reviewed; it's an unrealistic rule and needs to be lowered. The council has yet to ever reach the 67% rule.

Susan Shea asked what happens if we don't follow the bylaws? Catherine Geanuracos stated that HRSA guidelines should be followed.

Targeted vs. proportional cuts

Catherine Geanuracos reviewed the Steering committee's thinking around the issues of targeted vs. proportional cuts. John Conley suggested a combination approach might work well. Catherine Geanuracos conducted a straw poll of the council: proportional cuts had 3 yeas and targeted cuts had 21 yeas.

Cecilia Chung announced that it was great to see providers show up at meetings; more information is needed from providers for them to get involved with the planning process. Catherine Geanuracos is in favor of targeted cuts in looking at services on a sub-category level, focusing on target populations, types of programs, units of service, number of clients projected and served, other funding sources, and other demographics; some information will come from REGGIE, AIDS office and providers.

Susan Shea gave a brief historical review of the I & E committee, concerning core vs. non-core services, and "hold harmless" categories.

Catherine Geanuracos stated at the next meeting in May will be the Needs Assessment presentation. This information will assist with which sub-category and categories need to be focused on more. Larry Cruz stated that it is important to get as much information as possible.

Brad Hume stated that the council needs to look at the definitions of core services. Catherine Geanuracos stated that the council should be much more specific in ranking by sub-category, from important needed services to less needed services.

The council then discussed the information that would be gathered from the Needs Assessment and how to use that information in prioritization and the 3-Year Plan. The council agreed that the cuts would be targeted.

Laura Thomas stated that the Needs Assessment has been helpful in past prioritizations; and the council should look at having two council meetings a month. Catherine Geanuracos stated that the two council meetings a month idea will be discussed at the next Steering Committee.

3-Year Plan Work Group

Catherine Geanuracos stated that the committee has begun to plan and review what needs to be done and has been done. In addition the committee will review the 5-Year Plan, timelines, needed tasks, and past Grantee Assessments.

PWA Caucus Committee

Brad Hume stated that the council should read the minutes of last meeting. Brad Hume announced that the committee will discuss the 67%/40% bylaws rule and Mission Statement at next meeting. The committee has received the draft Policy and Practices from Jeff Morey, the consultant.

Mjay Sanders would like to thank clients and providers that have attended the meeting and was very pleased with the Derek Silva report.

Housing Committee

Brad Hume stated that the committee reviewed the 5-Year plan, its goals and objectives, and had a discussion concerning targeted vs. proportional cuts. Brad Hume announced that the request to obtain a seat on the SRO task force was received well by the task force; currently the Housing Committee is waiting for the board of supervisor to approve the seat; hopefully in the next 6 months the seat will be approved.

I & E Committee

Sam Kaplan reviewed the discussion on the Grantee Assessment. At the next meeting the committee members will bring their ideas about conducting the Grantee Assessment.

Substance Abuse Work Group

Charlene Pugh stated that she will start attending meetings. Donald Frazier stated that he had attended two meetings; the next meeting will be scheduled soon. The committee might possibly combine the groups of mental health and substance abuse into one work group.

Community Action Committee

Eric Whitney stated that the committee discussed its structure, goals, and purpose. Next meeting the committee will focus on the mission statement.

New Business

Eric Whitney passed out the satisfaction survey for council support.

Adjournment

7:20

HIV Health Services Planning Council

City Hall - Mayor's Conference Room 201

May 20, 2002; 4:30 – 7:30 PM

AGENDA

- 3F
422
#1
5/20/02
- | | | |
|--|--|----------------|
| I. | Call to Order | 4:30 PM |
| II. | Roll Call | 4:32 PM |
| III. | Review and Approval of Agenda | 4:35 PM |
| IV. | Review and Approval of Minutes, April 22, 2002 | 4:47 PM |
| V. | General Announcements | 4:40 PM |
| VI. | Public Comment | 4:42 PM |
| VII. | Presentation – CARE-funded services in Marin County, Karen Wuopio | 4:50 PM |
| VIII. | Presentation – San Francisco Needs Assessment, LaFrance Associates | 5:00 PM |
| IX. | Presentation – Gary Cook, HRSA | 6:00 PM |
| X. | Presentation – Issues In HIV Infection, HPPC Community Survey
Dara Coan, Harder & Co. | 6:13 PM |
| Dinner Break | | 6:15 PM |
| XI. | Presentation, cont'd – San Francisco Needs Assessment | 6:25 PM |
| XII. | Committee Reports | 7:20 PM |
| - Steering Committee | | |
| ▪ 3-Year Plan Working Group | | |
| - Membership Committee | | |
| ▪ By-Laws Change Vote Notification
(see attached, Planning Council Bylaws Change) | | |
| - PWA Caucus | | |
| - Housing Committee | | |
| - Implementation & Evaluation Committee | | |
| - Community Action Committee | | |
| XIII. | New Business | 7:28 PM |
| XIV. | Adjourn | 7:30 PM |

Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Mon	06/03	Community Action Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Wed	06/05	Housing Committee	25 Van Ness, Room 330B	3:00 – 5:00 PM
Mon	06/10	Membership Committee	25 Van Ness, Room 330A	4:30 – 6:30 PM
TBD	TBD	HIV Health Services Planning Council	TBD	TBD
Tues	06/11	Implementation & Evaluation Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Wed	06/12	PWA Caucus	25 Van Ness, Room 330A	5:30 – 7:30 PM
Thurs	06/13	3-Year Plan Work Group	25 Van Ness, Room 330B	4:00 – 6:00 PM
Mon	06/17	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Mon	06/24	HIV Health Services Planning Council	City Hall – Mayor's Conference Rm. 201	4:30 – 7:30 PM

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103
San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

The sites are fully accessible, assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, call the Council's staff at 415-972-0870. The closest accessible BART station is Civic Center. Accessible MUNI lines serving these locations are: #42 Downtown Loop, #5 Fulton, #21 Hayes, #6, 7, 71 Haight/Noriega, #9 San Bruno, F-Line to Market & Van Ness, Metro Van Ness station. For more information about MUNI accessible services, call 415-923-6142. Minutes of meetings are tentative until formally approved by the Council.

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**Planning Council Bylaws Change
Noticed 5/20/02, for Council Vote 6/24/02**

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Current Bylaws language, under Article III, Section 2:

In addition to the above categories of representation, sixty-seven percent of the Council members shall be self-disclosed Persons Living with HIV (PLWH).

Not less than forty percent of the Council members shall be consumers of Title I-funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Title I funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

The Membership Committee moves to change the above language to read:

Note: Bold text represents added text; strike-through text represents existing text to be removed.

In addition to the above categories of representation, ~~sixty-seven percent of the Council members shall be self-disclosed Persons Living with HIV (PLWH).~~

In addition to the above categories of representation, **the Planning Council shall maintain as a goal for nomination to the Council the most number of HIV-positive persons as possible, always ensuring that the minimum number required by the Federal Legislation is met, where applicable. With this in mind, the Planning Council will maintain a majority of HIV-positive members (equal to or greater than 51%) regardless of minimums outlined elsewhere.**

The Planning Council will meet the minimum unaffiliated consumer representation as called for in the Federal Legislation (33%), and will hold this only as a minimum, and will make efforts to exceed it. Unaffiliated Consumers ~~Not less than forty percent of the Council members shall be consumers of Title I-funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Title I funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.~~

HIV Health Services Planning Council 3-Year Plan Work Group

Meeting Date: April 16th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm - 7:00pm
Members Present: Catherine Geanuracos; Brad Hume; Charles Siron; and Charlene Pugh.
Others Present: Eric Whitney (Council Coordinator); Laura Thomas (DPH); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Thurs., May 9th, 2002, 25 Van Ness, 330A, 4:00pm -6:00pm

Introductions

Discussion

Eric Whitney led the discussion.

Laura Thomas handed out 2 documents. See Handouts Reauthorization Issues and Ryan White CARE Act Title I Manual. These 2 documents are HRSA's expectations from a comprehensive plan based on demographics and Needs Assessments. These documents will guide the council in the 3-Year Planning process. The Title I Manual is an overview from HRSA concerning purpose, development, structure, process, plan, implementation, and evaluation for the 3-Year Plan. The outline in the document explains the "Where we are now, where are we going, how to get there," goals, objectives, and monitoring systems. With the review of last years Prioritization and the results of last years' Needs Assessment, most of Section A, in the outline, is completed. Laura Thomas stated that she would handle the writing part of this section; the Needs Assessment portion will need to be updated to include this year's Needs Assessment. The Shared values and Vision statement completed last year completes Section B. What need to be done are the goals and objectives; some of last year's goals can and should be used. The committee then discussed last year's goals and objectives.

Catherine Geanuracos stated that she would like the council members to review last year's goals and objectives to think about this year's goals and objectives. Eric Whitney stated that the council might be able to use some of the language from the 5-Year Plan; he will research the 5-Year Plan. Laura Thomas will send out the electronic version of the 5-Year Plan to Robert Owens to send out to the council.

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Eric Whitney inquired if HRSA might have Technical Assistance to assist the council in the process and writing. Laura Thomas stated that last year a person from Policy and Planning at DPH assisted with the writing and the council might be able to use someone from that department again.

Catherine Geanuracos stated that the council needs to summarize the Needs Assessment and that the 3-Year Plan and Prioritization needs to be done simultaneously.

Next Steps

- Schedule the next meeting.
- Coordinate input from other committees.
- Review the 5-Year Plan
- Review HRSA Manual
- Ask PWA Caucus to assist in the 3-Year Plan process.

Adjournment

The meeting was adjourned at 6:30 p.m.

HIV Health Services Planning Council 3-Year Plan Work Group

Meeting Date: May 9th, 2002
Meeting Place: 25 Van Ness Ave., 5th Floor Conference Room
Meeting Time: 4:00pm - 6:00pm
Members Present: Charles Siron; Catherine Geanuracos; and Charlene Pugh.
Others Present: Eric Whitney; Laura Thomas (DPH); and Robert Owens
(Council Admin. Asst. - Minutes).

Next Meeting: Thurs., June 13th, 2002, 25 Van Ness, 330B, 4:00pm -
6:00pm

Introductions

Eric Whitney will lead the discussion.

Announcements

Charles Siron announced that he is the representative for the Housing Committee.

Laura Thomas announced that the Mission Neighborhood Resource Center Grand Opening is on Saturday, May 18th, located at 165 Capp Street from 11am to 3pm.

Overview

Eric Whitney suggested that the 3-Year Plan Work group ask the committees to put together their goals and objectives for the 3-Year Plan. Laura Thomas stated that the Council needs to develop a master calendar to map out activities for the Council, such as setting the member orientations, setting dates for the community forums, and setting when the next Needs Assessment, Grantee Assessment, and other Council projects will occur. The work group discussed creating a master calendar. The work group discussed HRSA and how often the Council should conduct a Needs Assessment. Catherine Geanuracos discussed reusing the Needs Assessment survey for the next Needs Assessment.

Review the 5-Year Plan

Eric Whitney discussed the plan from the last meeting, that the work group members were supposed to review the 5-Year Plan. Catherine Geanuracos discussed how to incorporate into the plan the changes for this year, i.e. cuts in

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funding. Laura Thomas discussed the goals and objectives from the last 5-Year Plan of preparing for cuts in funding. Eric Whitney stated that the work group should address the issues from the last plan that weren't addressed. Catherine Geanuracos stated that the work group should do it for ourselves, but not have it as part of the 3-Year Plan.

Catherine Geanuracos stated that our frame work should be what's going on now in CARE. Charles Siron stated that the work group should focus on where are we going, what are we doing, and how will we monitor it. Laura Thomas spoke about the goals and objectives for the Council. Catherine Geanuracos stated that the work group should use the goals and objectives that the Council created last year.

Catherine Geanuracos stated that the work from the Goals and Objectives from last year can be used, but the 5-Year Plan work doesn't apply. Eric Whitney inquired how the council is going to address the changes in funding. Eric Whitney suggested that a large portion of the 3-Year Plan document structure should outline the philosophy and procedures of the next reduction protocol. Laura Thomas stated that the outline should incorporate definition of core services, philosophy about reduction plan, goals to continue to provide quality services, and reducing services with minimum impact on clients. Catherine Geanuracos stated that she thinks that the whole council needs to be involved.

Eric Whitney stated that the work group might want to look at sun setting some of the sub-categories. Eric Whitney spoke about San Francisco being reduced in funding to match other cities.

The committee brainstormed what they believed may be realities affecting the service population in the coming three years:

- Increase expectation of people in CARE
- HIV reporting
- Collaboration with Prevention
- More people living with HIV
- More older people living with HIV
- More dual-diagnosis or multiple diagnosis
- Increase in young gay men infections
- Increase in Latino and AA and women, people of color
- Less funding: federal, state, local, private
- Potential for political change
- Cause change in public view and participation
- Better treatment programs, new drugs
- Lower cost of drugs
- Return to work moving to private insurance lessens public insurance
- Concentration of severe need in public system

- Eroding of public health system
- Better treatment of HIV people with HEP C
- Better management of long-term side affects.
- More coordination with Mental Health and Substance Abuse councils
- Housing market will stabilize
- Bay Area economy stabilize
- More statewide coordination of services, more service for PLWA/H
- Change in legislation / regulations around work re-entry concerning long term disability
- Steady decline in un-funds
- Increase cost for providers to provide services, with flat funding results in a reduction of services
- Shortage of qualified workers to provide services, reduction in nurses
- Consolidation, mergers, shut down of services/agencies
- CBOs unwilling to provide services
- Streamlining of REGGIE
- Increase in Primary Care due to an aging population
- More rural /suburban cases
- More homeless multiple diagnosis cases
- More supportive housing services
- More community action, increase in provider participation on the council
- Maintain level of unaffiliated consumers

Eric Whitney will categorize the list for the next committee meeting. Catherine Geanuracos will compare the goals and objectives from last year to the list.

Adjournment

5:40

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HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: May 8th, 2002

Meeting Place: 25 Van Ness Ave., Room 330A

Meeting Time: 5:30pm - 7:30pm

Members Present: Kevin Johnson; Brad Hume, Co-chair; Mjay Sanders, Co-chair; Mark Dunlop; Cecilia Chung; Edward Patterson; and Charles Siron.

Others Present: Skye Ambrose; Curtis Baker; Eric Whitney; Rey Hauser; Fran Lewis; Richard Fuller; Edwin del Carpio (AEF); Trevor S. Bougouneau; and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., June 12th, 2002, 25 Van Ness, 330A, 5:30pm - 7:30pm

Introductions

Review / Approval of Agenda

The Consumer Advocacy Report was deleted from the Agenda. The Agenda was approved.

Review / Approval of Minutes

Mjay Sanders reviewed the Minutes with the committee and made a great number of corrections. The Minutes were approved with corrections.

Announcements / Public Comment

Fran Lewis stated that she lives at Derek Silva and was a close friend with Tony Leone. Fran Lewis is very concerned about Advocacy Project. Fran was involved in a verbal assault at Derek Silva. When it was time to speak to the Clinical Coordinator about the verbal assault, Fran, according to the policy of Derek Silva, stated that she wanted a witness present during the conversation. The Clinical Coordinator told Fran that she did not have this right. Fran Lewis then read aloud the Policy Sheet from Derek Silva, stating the right to have a witness present. Later, the Clinical Coordinator informed her that she did have the right to have a witness present, but after 6 months the conversation still has yet to be scheduled. Fran then called Richard Bargetto to inform him of the occurrence and to elicit his assistance. Fran stated that Richard Bargetto ignored the Derek Silva's Policy Sheet and wanted to come up with a Bill of Rights document for Derek Silva. Fran stated that she didn't receive proper help

from Richard since he ignored issue regarding the Derek Silva Policy Sheet. Fran Lewis is asking for a letter of apology from Richard Bargetto and the Clinical Coordinator. If she does not receive an apology she will seek legal action.

Mission Statement

Mjay Sanders reviewed a draft version of the Mission Statement taken from language from the bylaws, dictionary, and goals and responsibilities of the Council. See Handout Mission Statement of the HIV Advisory Caucus. Brad Hume and Mjay Sanders discussed the draft Mission Statement created by Mjay Sanders. Kevin Johnson stated that he thinks that Mjay's the draft mission statement is too wordy, the language is too high. Mark Dunlop stated that he likes Mjay's Mission Statement, that it's concise. Brad Hume spoke about his history with mission statements, then read his own draft version to the committee. Edward Patterson likes Brad Hume's version of the Mission Statement over Mjay Sanders' version; Brad Hume's version is more simple and easy to understand. Charles Siron agrees with Edward Patterson, and suggested that the words "Advisory Caucus" should be added to Brad Hume's version.

Brad Hume suggested a new name for the PWA Caucus, "the HIV Community Advisory Committee". Eric Whitney stated that the word "caucus" implies a minority, which is a misnomer, since most of the council members are HIV/AIDS. Edward Patterson suggested that the new name of the PWA Caucus, could be "the HIV Advisory Committee", eliminating the word Community from Brad Hume's suggestion.

Kevin Johnson stated that the phrase "assertive reporting" for Mjay Sanders' version of the Mission statement be inserted into Brad Hume's version of the Mission Statement. Brad Hume and Kevin Johnson then discussed the placement of the phrase. The committee then decided that the phrase doesn't make sense.

Syke Ambrose stated that the language of the Mission Statement is still too high, it eliminates low-educated people. The committee then decided to email each other with their own mission statement or ideas; to have an email discussion about the Mission Statement. Brad Hume asked the committee, "why are you here?". He suggested that this question can be and a way to gather information to formulate the Mission Statement.

The committee then went around the room and gave their answer to "why are they here".

- Mark Dunlop stated that it is to assure that the HIV community is heard.

- Kevin Johnson stated to use my experiences and values, opinions, as a person living with HIV to improved upon access to services in the EMA, and allow input into planning of future services.
- Robert Owens stated to educate and involve the public more.
- Edward Patterson stated to ensure that people living with HIV/AIDS have a voice in the decision making process of the council.
- Edwin del Carpio stated to learn the evaluative mechanism, to make sure services are being provided to all CARE recipients.
- Skye Ambrose stated to come to together to compile information, to educate and hear the personal experiences of HIV community.
- Curtis Baker stated to use my experiences living with HIV, to ensure that the voices of the HIV/AIDS community are heard, to make a difference.
- Charles Siron stated to be a voice, to be heard, to be educated, about his disease.
- Richard Fuller spoke about his experience in formulating Mission Statements.
- Mjay Sanders stated that he will change the language of his version of the Mission Statement to a 5th grade reading level; See Handout PWA Caucus Mission Statement.
- Brad Hume stated that the HIV voice should be the driving voice of the council and that it supercedes every other voice, i.e. providers.

Kevin Johnson read aloud the words from everyone's statements. Mjay Sanders requested that Robert Owens email the Caucus Members email address to everyone who is a member of the Caucus, to have an email discussion concerning the Mission Statement. Everyone will need to respond by Friday, May 24th with their version of the Mission Statement.

67%/40% Bylaws Rule for HIV+

Kevin Johnson reviewed the rule, that 67% the Council must be HIV+. Kevin Johnson stated that the Council has been unable to reach this goal, that it's hard to find people to participate, that they have turned away qualified candidates because they are HIV-. Currently there are two candidates that are HIV-, that are very qualified, but as of now, can not be recommend to the Council because the Council is not in compliance with the 67% Bylaws rule.

Edward Patterson reviewed the reasons why the Council created the 67% rule; he recommend a bylaw change, reduce the rule to 40%.

Brad Hume stated that he believes that the Council is far too provider driven, and that it's imperative that the council have a lot of HIV+ people. Brad Hume requested to hold off on the recommendation to change the rule, and to put more thought into a plan to achieve the current goals.

Mark Dunlop stated that 67% is not possible in any scenario; that we have qualified HIV- candidates and can't use them; he suggested to change the rule to 51%, which will keep a majority of HIV+ Members. Charles Siron stated that the council has never reached 40 people; the 67% should be a goal not a hard fast rule.

Mjay Sanders stated that the reality is that the council has a lot of work to be done; that what is needed most is to fill the seats. Mjay Sanders' made a motion that the Membership Committee nominates the two HIV- candidates to the Council. Mark Dunlop stated that the motion is a quick and easy fix, that the motion is asking the Council to violate their own bylaws, and that he will not support violating the Bylaws. Brad Hume agreed with Mark Dunlop's statement and does not support the motion. Mjay Sanders withdrew the motion. Mark Dunlop proposed a motion to adjust bylaws to 51% of the Council Members be HIV+. Kevin Johnson seconded the motion. Edward Patterson motioned to table the discussion. Charles Siron seconds the motion. The Committee voted to table the discussion. Mark Dunlop withdrew his motion.

Adjournment

7:38pm

HOUSING COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: May 1st, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 3pm - 5pm
Members Present: Brad Hume; Margot Antonetty; Norman Tanner; Charles Siron; and Ali Riker.
Others Present: George Simmons (CCASF); Raegan Joern (SFAF); Edwin del Carpio (AEF); Kevin Johnson (CCASF); Ramon Matos (SFAF); Rodney Murphy (CCASF); Elizabeth Colomello (SFRA); Larry Edmond (CCSF); Lindy Hill (Consumer); Eric Whitney; and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wed., June 5th, 25 Van Ness, Room 330B, 3pm - 5pm

Introductions

Review Agenda

The agenda was approved. A review of the minutes was added to the agenda.

Review Minutes

The minutes, with minor corrections, was approved.

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Announcements / Public Comment

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Ramon Matos announced that there would be a rally on Wednesday, May 22nd from 11am to 2pm in front of San Francisco City Hall for the human services network to support social services agencies.

Larry Edmond, Student Senator at City College of San Francisco announced that there is a housing crunch for students. Larry would like to see long-time residents of San Francisco be first in line for any new or available housing. Brad Hume gave an overview of the council's responsibilities.

Update on New HUH Projects

Margot Antonetty announced that service agencies have a timetable for the Camelot project. Wednesday, May 16th from 11:30am to 1pm there will be an orientation at DPH concerning applications and acceptance. Applications will be accepted until June 17th; clients will be able to move in on August 1st. The owner

of the Camelot is also the general contractor; he is very experienced and has a HUD loan for some of the construction on the building.

The Star project is moving a little slower. The Star is still planning a move in date around June. The Rivera & Keen, emergency housing is doing well. The Broderick, the program will be reconfigured, it hasn't been working out.

The Boards of Supervisors passed a resolution to master lease another 1000 units by DPH and DHS; the present plan includes 300 long term, 100 short term, and 100 for emergency housing.

SFRA Update \ Church Street

Elizabeth Colomello passed out a handout concerning HOPWA funds. See handout *San Francisco Redevelopment Agency Summary Of HOPWA Activities and Balances*. Elizabeth Colomello reviewed the HOPWA funds for Marin, San Mateo, and San Francisco Counties focusing on funds that are going into larger housing projects, such as The Church Street Project. Elizabeth Colomello then reviewed the contracts in progress, proposed projects, who runs them, and their funding sources. The current proposed projects were reviewed: capital, rehabilitation, supportive and operating services, rental assistance, technical assistance, administration fees, and the percentage to allocation. HOPWA's allocation has decreased, the money added didn't cover any new projects, and there will be no more capital projects for the future.

Brad Hume attended the Marin Housing Committee meeting concerning the HOPWA funds cut this year in Marin. Elizabeth Colomello stated that Marin was failing to spend their allocation in 3 years, almost not in compliance. The HOPWA funds were reallocated.

Church Street

Elizabeth Colomello reviewed the complaints received concerning the Church Street Housing Project. Two applicants were rejected because they had bankruptcies on their credit reports. The marketing staff at Church Street is reviewing the two applicants again.

Raegan Joern stated that some of her clients that met all of the requirements never received a number. Elizabeth Colomello stated that the numbers were given out randomly to the first 500 applications.

Twelve of the units are set aside for PWA's referred from section 8 and the housing waiting list. Brad Hume inquired about the application fee. Elizabeth Colomello stated that the requirement has been waved unless the applicant is getting a credit check.

Derek Silva

Brad Hume spoke about the renovation project at Derek Silva. See PWA Caucus Minutes for April 10th, 2002 for details.

3-Year Plan

Brad Hume reviewed the Housing recommendations for Prioritization 2002-03. See Handout HIV Health Services Planning Council Housing Sub-Committee Prioritization 2002 – 2003 Recommendations and Goals and Objectives for 2002-03 - Housing. George Simmons reviewed the 5-Year Plan outcomes and programs for Housing; housing is stable and hasn't changed that much. Brad Hume discussed the council's decision on targeted cuts. Brad Hume then led a discussion on the 3-year plan and prioritization for 03-04.

Charles Siron stated that he will be the representative for Housing at the 3-Year Work group. The committee discussed ways to gather information from agencies and other sources concerning the 3-Year Plan and what direction it should take. Brad Hume reviewed the HRSA document on comprehensive planning.

Next Meeting/Agenda

- Needs Assessment reviewed.
- 3-year plan
- HUH projects Update
- Where are we now, going, get there, monitor progress?

Adjournment

4:43pm

HIV Health Services Planning Council Community Action Committee

Meeting Date: May 6th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm - 6:30pm
Members Present: Charles Siron; Cecilia Chung; Kevin Johnson; Dirk Doepfner and Donald Frazier.
Others Present: Eric Whitney; Edwin del Carpio (AEF); Laura Thomas (DPH); Jim Illig (Project Open Hand); and Robert Owens (Council Admin. Asst. - Minutes), Tom Calvanese (TARC).

Next Meeting: Mon., June 3rd, 2002, 25 Van Ness, 330A, 5:00pm -6:30pm

Introductions

Eric Whitney will lead the discussion.

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Mission Statement

Eric Whitney reviewed the discussions from the last meeting and read a draft mission statement. The committee then held a discussion about the draft mission statement.

Jim Illig asked to add the words "local government" to the statement. Laura Thomas asked to add the words "Provider Network and Prevention Council" to the statement.

Don Frazier inquired about what the parameters of the committee would be like; could the role of the committee be to seek other funding source for HIV programs. Eric Whitney stated that the committee needs to get clarity on what it can do, what are the limitations.

Cecilia Chung stated that the committee can facilitate press releases. Laura Thomas stated that the committee should always do things that can educate the community, about the funding cuts. How can this group influence or support community based organizations.

Cecilia Chung stated that this group can be used to strategize on how the Council wants to handle issues such as the funding cuts and should collaborate with other councils. Eric Whitney stated that the committee should investigate what has been already established by other councils or groups, and participate in those systems; to coordinate with other councils. Don Frazier indicated that the

committee could take a more global approach in informing the public that money is still need for HIV/AIDS; the rate of infection is increasing.

Eric Whitney suggested that the mission statement might be too broad; the committee could look at developing educational materials regarding the council, services, and agencies it supports. Don Frazier stated that the committee should be the voice of the council, to tell the story of the council. Cecilia Chung stated that it's a matter of Public Relations, very little is known about what the council does; the more people that know the more chances for help.

Jim Illig stated that he sees the committee as more of an action group than an education group. The committee should take on the role of leaders for the Council, by attending the board of supervisor meetings advocating for the HIV agencies and communities, asking the hard questions, and informing them. Dirk Doepfner asked if the council support staff could have a list of up-coming events that the Council Members need to attend.

Kevin Johnson suggested that it would be wise to have speaking points or guidelines on what to talk about when Council Members attend other meetings to discuss or advocate.

Laura Thomas suggested the following talking points: more people are living with AIDS longer, more HIV/AIDS individuals are living in SF, the needs of PWA's are increasing due to living longer, hospitalization, and homelessness. Needs increase in local funding to make up for cuts. Tom Calvanese suggested that graphs are a good visual tool to demonstrate points. Laura Thomas suggested that the Needs Assessment report would be a good media piece, the Council should put out a press release, hold a conference, meet with each of the board of supervisors, review the information with them, and ask them what they are going to do to help us meet those needs.

Don Frazier stated that he will be going to the Budget Committee meeting.

Candlelight/Pride

Cecilia Chung stated that the Council needs to make statement during pride. Jim Mitulski and Cecilia Chung will be speaking at the Candlelight march. Laura Thomas stated that signs or banners could get the Council's message across.

Adjournment

The meeting was adjourned at 6:30 p.m.

HIV Health Services Planning Council MEMBERSHIP COMMITTEE MEETING

Meeting Date: May 13th, 2002
Meeting Place: 25 Van Ness, 330A
Meeting Time: 4:30pm – 6:30pm
Members Present: Kevin Johnson; Charles Siron; Larry Cruz; Anthony Huynh; and, Ken Peace.
Others Present: Eric Whitney; Laura Thomas (SF DPH - AIDS Office); Lara Sallee (Candidate); Benjamin Franklin Reid, III (Candidate); Christopher Scott Gomora (Candidate); Lindy Hill (Candidate); and Robert Owens (Council Admin Asst.).
Next Meeting: Mon, June 10th, 2002, 25 Van Ness 330A, 4:30pm – 6:30pm

Introductions

Public Comment

There were no public comments.

Announcements

There were no announcements.

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Demographics of Council

Laura Thomas gave a brief summary of council's demographics with Skye Amborse and Curtis Baker now being on the council, and excluding Jose Villarce, who has resigned from the council. There are 33 people currently on the council, with 7 vacancies; 2 of the vacancies are mandatory seats, a Title III seat and an AETC seat. 31% of the council is female, 69% of the council is Male, and 21 out of 33 members are HIV+, comprising 64% of the council. Currently by HIV+ to race, Latinos are under represented with Jose Villarce leaving the council, African Americans are under represented, and there are no Native Americans on the council. There are 15 HIV+ unaffiliated consumers on the council, comprising 45% of the council. There are 3 HIV+ transgender women on the council, but no biological women with HIV+ on the council. In order for the council to reach the bylaws rule of 67% of the council being HIV+, 6 out of the seven vacant seats need to be filled by HIV+ individuals.

The committee then asked the candidates to wait outside while they discussed their applications. The committee read aloud the candidates applications.

Lara Sallee – Interview

Lara Sallee has worked in HIV prevention, running an LA school based health clinic. She also has her Masters in Public Health from UCLA. When she moved to San Francisco she worked at the Haight Asbury Free Clinic for 6 years, coordinating the HIV program, later she became the director of the clinic. Lara has worked with providers, clients, DPH, contractors, and participates with the CARE coalition. Currently, Lara works as a Planner at the Community Clinic Consortium that works well to her interest in Planning and Policy. Lara's nomination will fill a HRSA-mandated seat for Title III.

Lindy Hill - Interview

Lindy Hill has been HIV+ for three years. Lindy's motivation for joining the council is to aide in the process of determining cuts in the budget. She also wants to bring her perspective to the council on women's issues, homelessness, and housing. Lindy is in substance abuse recovery; she has graduated from Walden House, and would like to use her experiences in educating the council about the clients they serve.

Christopher Gorma - Interview

Christopher Gorma has been involved in HIV for years, having his own practice, Touch Therapy, helping clients that are dying of AIDS. Christopher believes that Native Americans are under represented, under recognized, and wants to change that. A higher proportion of Native Americans are living with AIDS than any other group. Christopher is committed to help providers learn to deal with the spiritual side of clients. He has helped facilitate workshops on working with Native American people in social services. He has also worked in HIV prevention and case management.

Christopher spoke about the term, two-spirit, which means that he transcends his gender. He has a female spirit, in a male body, embodying both male and female traits. He recently has become involved with the female-to-male transgender Community and the Latino community.

Benjamin Franklin Reid - Interview

Benjamin Reid has been on a number of boards and has dealt with a lot of difficult circumstances, i.e. budget cuts. He has worked with the underserved communities, minorities, and wants to affect change. He also has extensive experience working with Providers.

The committee then discussed each candidate

The Committee unanimously endorsed all candidates that were interviewed; however, the Committee moved to withhold Christopher Scott Gamora's nomination until the Bylaws issue outlined later in the minutes is resolved. It is expected that Lindy Hill, Lara Sallee, and Benjamin Reed's nominations will be forwarded to the full council for approval at the June 24, 2002 meeting.

67% Bylaws

Eric Whitney read aloud a draft version of the recommendation of the 67% bylaw change, using the language from the bylaws. Laura Thomas gave a review of where the council is at now and where it would be with the three recommended candidates. Kevin Johnson spoke about the PWA Caucus meeting and the members against the bylaw change. Kevin Johnson suggested submitting the recommendation to change the bylaws for a vote to the council in June. Eric Whitney, at the committee's request, added the percentage change to the language in the draft recommendation. Larry Cruz made a motion to submit the recommendation to the council. Ken Pearce seconded the motion. The membership committee unanimously endorsed the proposed change to the bylaws. (*See attached.*)

Adjournment

6:30pm

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HIV Health Services Planning Council STEERING COMMITTEE MEETING

Meeting Date: May 15, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm – 6:30pm
Members Present: Catherine Geanuracos; Charlene Pugh; Charles Siron; Donald Frazier; Kevin Johnson; Edward Patterson; and, Jim Mitulski.
Others Present: Michelle Long Dixon (HIV Health Services); Jim Illig (Project Open Hand); Eric Whitney (Council Admin. Dir.); Edwin del Carpio (AEF); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wed., June 17, 2002, 25 Van Ness, Room 330A, 5pm -6:30pm

Introductions/Announcements

CG reviewed the agenda for the meeting: Needs Assessment, schedule of meetings over the summer, retreat discussion, HRSA person, Eric's role with the council, and revised support structure discussion, committee reports, and prioritization.

Needs Assessment Presentation for upcoming Council meeting

The attendees discussed with Michael DeMayo from LaFrance Associates regarding the upcoming Needs Assessment presentation at the May 20, 2002 Council Meeting. The overall consensus was that the presentation would focus on the process of completing the Needs Assessment itself, its different components, and then some training to attendees on how to read and interpret the information collected and contained within the report. Michael DeMayo notes that Mitchell Cohen from the Partnership for Community Health would also be attending the meeting and contributing to the presentation.

HRSA Representative, Gary Cook, at upcoming Council Meeting.

The attendees discussed the areas of questions they would ask Gary Cook, the SF, EMA Program Manager from HRSA to address when he speaks at the May 20, 2002 Council meeting. The attendees decided to ask about issues regarding Grantee Assessment activities, the reduction of San Francisco's supplemental award, technical assistance and training from HRSA for Council members, and what his impressions of the future of CARE funding.

Prioritization Schedule

CG suggested adding meetings to the Council's summer calendar to include full Council meetings the second the forth Mondays of the month in June, July, and August. The fourth Monday in August would be an extended "retreat" meeting, probably 6 to 8 hours, to finalize prioritization. A venue other than City Hall will be investigated to host such a retreat. SK remarked that Mondays continue to be a

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difficult day for him to be able to participate in Council-related activities and requested other days be considered.

The attendees discussed the mix of trainings and presentations to be given to the Council over the summer for Prioritization. The Council decided not to have individual agencies provide presentations, although CG noted that the forum for providers would be through the public comment periods provided at each Council meeting. The Council and SFDPH, HHS staff will make every effort to keep the providers informed of when presentations regarding their service categories will be discussed. CB also noted how helpful the letters the Council has received from the HIV Primary CARE Coalition have been in forwarding their position regarding funding cuts, and specifically how their letters explain in detail the affect of reduced funding. CG requested that a written summary from Providers would be very helpful.

Eric's Role on the Council and the Council Support Structure

CG will make certain the 3-Year Plan is addressed, works well to have Eric participate (membership) – model that for all of the committee. The agendas need to be communicated with Eric to ensure that the items that need to be discussed are happening. A brief discussion during the council meeting to discuss the role of support staff will occur at an upcoming Council meeting.

Bylaws Change

A motion to make a change to the Council's bylaws will be noticed at the May meeting for a vote at the June 24, 2002 Council meeting.

Committee Reports

KJ plans to present nominees in June. CP will begin attending the Substance Abuse/Mental Health Committee meeting. CG discussed the 3-year plan Work Group brain stormed ideas on trends in the EMA, will use the Needs Assessment report to add to the list. Will make calendar for council on what needs to happen at each committee and by when. EP raised some issues and concerns about the direction and focus of the PWA Caucus, its current leadership and structure, and plans for the future. CG noted that because the leadership of the PWA Caucus was not in attendance at this meeting that the discussion could appropriately be introduced at a future Caucus meeting. CG and other attendees agreed that the Council Co-chairs can and will make a better effort to attend and support the PWA Caucus meetings.

Adjournment
6:21pm

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HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: May 20, 2002

Meeting Place: City Hall, Room 201

Meeting Time: 4:30pm - 7:30pm

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I. Call to Order
4:30pm

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II. Roll Call
See Attachment A.

III. Review and Approval of Agenda
Agenda was approved without changes.

IV. Review and Approval of Minutes, April 22, 2002

John Conley will provide the Support Staff with changes to the minutes, which will be reflected in the final draft. Minutes were approved with the noted changes.

V. General Announcements

CC announced a rally at City Hall on May 22 at 11:30 – 2:00 PM to support no decrease in funding for SF nonprofits.

VI. Public Comment

Patrick Monette Shaw updated the Council following up to the e-mail sent to the Council discussing hiring at DHP.

Ms. Higgenbottom has several questions concerning housing. It took her 90 days to find a place to stay in San Francisco.

VII. Presentation – CARE-funded Services in Marin County

Karen Wuopio reviewed handout (*See Attachment B*, Marin County HIV Health Services Planning Council Presentation, May 20, 2002.) Marin County conducted a Needs Assessment in Fall 2001 and therefore did not participate in the current NA. 500 Surveys were sent out. The most utilized programs surveyed were #1, Medical Care; #2 Vitamin and Herb Programs; #3 Case Management and finally #4 Dental Services and #5 Benefits Counseling. Noted is that the San Quentin data is only included in City of Residence data, nowhere else. Overall client satisfaction is very high in Marin County.

VIII. Presentation – San Francisco Needs Assessment

Michael DeMayo and Mitchell Cohen reviewed their presentation of the San Francisco 2002 HIV/AIDS Needs Assessment Report. (*See Attachment C*, May 2002). They remarked that they worked closely with the Council and that all survey participants were very cooperative in filling out surveys. They explained the design of the survey,

focusing on ease of application, ensuring a varied population and quality of information. This included surveying at off site areas to include those 'out-of-care'. A discussion followed to ensure that this NA did include those defined as 'out-of-care'. They also reviewed the types of questions which were in the survey. The survey included questions about whether participants knew of possible services, if they had used the services, and if not, what kept them from using the service provided. Then consumers were asked to rank the services they received.

An example of a template using Summary statistics (*See Attachment D*) was reviewed, showing how they can be expressed with the current NA information.

The Draft Conclusion (*See Attachment E*) was presented and reviewed with the data that was currently available. The final report will include interpretation of all data and should be available near the end of June 2002.

IX. Presentation – Gary Cook, Chief, Western Services Branch

Three Year Plan: This is a guidepost of where you want to be in three years. Use it as a realistic source for annual planning. All plans will address reauthorization issues; reaching out to 'out-of-care' clients, and partnering with Prevention efforts. Questioned about if there was any information on Bi-annual applications, he stated there is no consensus on yes or no, mostly because of the supplemental portion of the award. Looking to streamline this year, but no biannual this year.

Grantee Assessment: Follow up on existing recommendations from 1999. Little guidance is even given from HRSA. How well does Grantee carry out Planning Council desires and timeliness. He stated that at least a minimum of grantee assessment activities should occur annually. Also questioned about why there are so many restrictions with Ryan White dollars on housing, particularly for San Francisco, he answered the Emergency vs. Long-term housing was coordinated with HOPWA.

Future of CARE Act Funding: Level funding is expected in the next few years. The key is a grasp of client needs grounded in Needs Assessment for trying to bring folks from 'out-of-care' into care.

Planning Council Training: Books may be ready this summer including Green and Red Books from HRSA.

Data: Aggregate data from EMA's has run it's course (HRSA).

X. Presentation – Issues In HIV Infection

Dara Coan encouraged those present to return the HPPC Community Surveys they received in the mail.

XI. Committee Reports

Because of time constraints, there were no Committee Reports given.

Membership Committee, 3-Year Plan Work Group, PWA Caucus Committee, Housing Committee, I & E Committee, Substance Abuse Work Group, Community Action Committee

XII. New Business

The remainder of the meeting was used to understand/review/evaluate the Needs Assessment Report. Several questions were asked about what population was specifically targeted. Additional information will be available when the Provider Surveys are returned.

Adjournment

Meeting was adjourned at 7:20pm

HIV Health Services Planning Council

Roll Call [1]: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of Absence

Votes [2-10]: **Y**=Yes; **N**=No; **B**=Abstain

May 20, 2002

[1]

1. Alissa Riker	AR	P
2. Anthony Huynh	AH	P
3. Brad Hume	BH	P
4. Catherine Geanuracos	CG	
5. Cecilia Chung	CC	P
6. Charlene Pugh	CP	P
7. Charles Siron	CS	P
8. David Gant	DG	
9. Dirk Doepfner	DD	
10. Donald Frazier	DF	P
11. Edward Patterson	EP	P
12. Elyse Graham	EG	P
13. Felicia Elizondo	FE	
14. Fernando Gomez-Benitez	FGB	
15. Jeff Byers	JB	P
16. Jim Mitulski	JM	P
17. John Conley	JC	P
18. Karen Wuopio	KW	P
19. Ken Pearce	KP	P
20. Kevin Johnson	KJ	P
21. Larry Cruz	LC	P
22. Mjay Sanders	MJS	P
23. Margot Antonetty	MA	P
24. Mark Dunlop	MD	
25. Norman Tanner	NT	
26. Sam Kaplan	SK	P
27. Susan Shea	SS	P
28. Toni Butler	TB	P
29. Tracy Neil	TN	
30. Wayne Peace	WP	
31. William Blum	WB	P

Note: CN = Council Nominee (No Voting Privileges)

Quorum = 16 Members present, at least 4 with HIV/AIDS

H22

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6/10/02

HIV Health Services Planning Council

25 Van Ness Avenue, Room 330A

June 10, 2002; 4:30 – 7:30 PM

AGENDA

- I. Call to Order 4:30 PM
- II. Roll Call 4:32 PM
- III. Review and Approval of Agenda 4:35 PM
- IV. Review and Approval of Minutes, May 20, 2002 4:37 PM
- V. General Announcements 4:40 PM
- VI. Public Comment 4:45 PM
- VII. Presentation – HIV Consumer Rights Advocacy Project 5:00 PM
Richard Bargetto
- VIII. Presentation – MediCal Benefits for People with HIV 5:10 PM
Jane Gelfand, Positive Resource Center
- IX. Presentation – California Statewide Coordinated Statement of Need 6:00 PM
Laura Thomas, SDPH, HIV Health Services
- Dinner Break 6:10 PM**
- X. **Committee Reports 6:25 PM**
 - Steering Committee
 - Discussion – Prioritization Process
A philosophical discussion and establishment of criteria for use in decision-making for determining service prioritization
 - 3-Year Plan Working Group
 - Membership Committee
 - New Member Nominations – VOTE
 - PWA Caucus
 - Housing Committee
 - Implementation & Evaluation Committee
- XI. New Business 7:20 PM
- XII. Adjourn 7:30 PM

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Note: Agenda items are subject to change, postponement, or removal. Meeting agendas are considered to be in DRAFT form until reviewed and approved by Council attendees.

Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Tues	06/11	Implementation & Evaluation Committee	25 Van Ness, Room 330A	3:00 – 5:00 PM
Wed	06/12	PWA Caucus	25 Van Ness, Room 330A	5:30 – 7:30 PM
Thurs	06/13	3-Year Plan Work Group	25 Van Ness, Room 330B	4:00 – 6:00 PM
Mon	06/17	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30 PM
Mon	06/24	HIV Health Services Planning Council	City Hall – Mayor's Conference Rm. 201	4:30 – 7:30 PM

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103
 San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

The sites are fully accessible, assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, call the Council's staff at 415-972-0870. The closest accessible BART station is Civic Center. Accessible MUNI lines serving these locations are #42 Downtown Loop, #5 Fulton, #21 Hayes, #6, 7, 71 Haight/Noriega, #9 San Bruno, F-Line to Market & Van Ness, Metro Van Ness station. For more information about MUNI accessible services, call 415-923-6142. Minutes of meetings are tentative until formally approved by the Council.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: June 10, 2002
Meeting Place: 25 Van Ness Ave., Rm. 330A
Meeting Time: 4:30pm - 7:30pm

I. Call to Order
4:30pm

II. Roll Call
See Attachment A., a quorum was not achieved.

III. Review and Approval of Agenda
Agenda was approved without changes.

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IV. Review and Approval of Minutes
No minutes were presented for approval at this meeting.

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V. General Announcements

VI. Public Comment
There was no public comment.

VII. Presentation – HIV Consumer Rights Advocacy Project
Richard Bargetto explained the Advocacy Project, and what services are provided. He stated several examples of Client Services and the agencies in his referral network. He also answered questions from Council Members.

VIII. Presentation – California Statewide Coordinated Statement of Need
Laura Thomas, SDPH, HIV Health Services, distributed copies of the California Department of Health Services Office of AIDS and the California All-Titles Planning Group November 2001 Statewide Coordinated Statement of Need. This document was reviewed by Council Members and guests.

IX. Presentation – MediCal Benefits for People with HIV
Jane Gelfand, Positive Resource Center, gave a lengthy presentation on government benefits, as well as specific eligibility requirement, for access to these benefits. The presentation focused on the various difficulties and barriers many HIV-positive clients face in accessing benefits, and how, often, the barriers are too overwhelming for many in the CARE system to access without considerable help. She also answered questions from Council Members.

X. Committee Reports

Steering Committee

Discussion – Prioritization Process Laura Thomas stated that many Committees have expressed an interest in a general discussion about Council priorities which may be cut or eliminated, and how the Council may approach these matters. For example, which services are essential and which may be downsized? Eric Whitney stated that the systems work very well now, yet the current system must change to accommodate funding deficiencies. Sam Kaplan proposed general guidelines: Looking for alternative sources of funding should be targeted first: The Needs Assessment is a good tool for prioritization and feels confident that it represents accurately the desires of the population. He stated his long list of priorities. Kevin Johnson stated that Mental Health is a high priority in his judgment.

Cecilia Chung wants to know more about possible 'additional funding sources' and what they cover. She feels that Council Members need more information and training on these possibilities, to make informed decisions. Charlene Pugh questioned prioritizing, and Jeff Byers stated that the Eligibility criteria can be changed. CG feels it's important for the Planning Council to take responsibility in spending their own money by their own priorities. Ken Pearce needs statistics of total clients served per unit of service, and amounts per clients. LT reviewed how Title I funds may be used. (35 sub categories). Charles Siron encouraged Council Members to attend the 3-Year Plan Working Group. Elyse Graham remarked that the Needs Assessment may still leave out many persons with most severe needs including Incarcerated population and who is actually affected. Donald Frazier agrees that the AIDS Office information will help to create a better picture of populations in need. KJ suggested that some of the monies that were not being used last year can be first priority in elimination. JB reiterated that Ryan White is the funding of last resort, and it is necessary to know the funding cuts.

Jim Illig suggested using REGGIE information to track where and what clients will be using most and identifying high-need clients. Services vs. needs? EW stated that either, across the board' cuts can apply, or if the Council needs to prioritize if a greater amount is cut. Jim Mitulski challenges all Members to think outside the box and consider funding most essential programs, and perhaps increasing funding for the most essential needs. CG questioned eligibility requirements and the need to analyze. Cost per unit of service, looking at emerging populations and trends, needs assessment analysis, utilization.

3-Year Plan Working Group

EW reported that the Working Group has been analyzing the future of HIV populations and how service delivery can be eased.

There was no time for the following committee reports:

Membership Committee

PWA Caucus Committee

Housing Committee
Implementation & Evaluation Committee

XI. New Business

There was no new business

XII. Adjournment

Meeting was adjourned at 7:30pm

HIV Health Services Planning Council

Roll Call [1]: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of Absence

Votes [2-10]: **Y**=Yes; **N**=No; **B**=Abstain

June 10, 2002		[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1. Alissa Riker	AR	A									
2. Anthony Huynh	AH	A									
3. Brad Hume	BH	A									
4. Catherine Geanuracos	CG	P									
5. Cecilia Chung	CC	P									
6. Charlene Pugh	CP	P									
7. Charles Siron	CS	P									
8. David Gant	DG	A									
9. Dirk Doepfner	DD	A									
10. Donald Frazier	DF	P									
11. Edward Patterson	EP	P									
12. Elyse Graham	EG	P									
13. Felicia Elizondo	FE	A									
14. Fernando Gomez-Benitez	FGB	A									
15. Jeff Byers	JB	P									
16. Jim Mitulski	JM	P									
17. John Conley	JC	A									
18. Karen Wuopio	KW	P									
19. Ken Pearce	KP	P									
20. Kevin Johnson	KJ	P									
21. Larry Cruz	LC	A									
22. Mjay Sanders	MJS	A									
23. Margot Antonetty	MA	A									
24. Mark Dunlop	MD	P									
25. Norman Tanner	NT	A									
26. Sam Kaplan	SK	P									
27. Susan Shea	SS	A									
28. Toni Butler	TB	A									
29. Tracy Neil	TN	A									
30. Wayne Peace	WP	A									
31. William Blum	WB	A									

Note: CN = Council Nominee (No Voting Privileges)

Bold text indicates members with HIV/AIDS

Quorum = 16 Members present, at least 4 with HIV/AIDS

NO QUORUM WAS REACHED

HIV Health Services Planning Council

City Hall, Mayor's Conference Room 201

1 Dr. Carlton B. Goodlett Place

June 24, 2002; 4:30 – 7:30 PM

AGENDA

- I. Call to Order 4:30 PM
- II. Roll Call 4:32 PM
- III. Review and Approval of Agenda 4:35 PM
- IV. Review and Approval of Minutes, May 20 & June 10, 2002 4:37 PM
- V. General Announcements 4:40 PM
- VI. Public Comment 4:45 PM
- VII. Presentation – San Francisco Department of Public Health, The REGGIE System 5:00 PM
Rani Marks, SFPDH
- VIII. Presentation – San Francisco Department of Public Health, HIV Health Services 5:45 PM
Quarterly Report, Michelle Long Dixon
- Dinner Break 6:00 PM
- IX. Committee Reports
- Membership Committee 6:15 PM
 - Bylaws Change (See Attached) – **VOTE**
 - New Member Nominations – **VOTE**
 - Steering Committee 6:35 PM
 - Discussion – Update, Planning Council Support Staff
 - Three-Year Plan Working Group
The Guiding Direction of the Three-Year Plan – **VOTE**
 - PWA Caucus 7:05 PM
 - Housing Committee 7:10 PM
 - Implementation & Evaluation Committee 7:15 PM
- X. New Business 7:20 PM
- XI. Adjourn 7:30 PM

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Note: Agenda items are subject to change, postponement, or removal. Meeting agendas are considered to be in DRAFT form until reviewed and approved by Council attendees.

Upcoming schedule of dates/meetings (subject to change):

Day	Date	Type of meeting	Location	Time
Thurs	6/27	Membership Committee	25 Van Ness, Room 330B	4:30 – 6:30
Mon	7/1	Community Action Committee	25 Van Ness, Room 330A	5:00 – 6:30
Mon	7/8	HIV Health Services Planning Council	25 Van Ness, Room 330A	4:30 – 7:30
Tues	7/9	Implementation & Evaluation Committee	25 Van Ness, Room 330B	3:00 – 5:00
Wed	7/10	Housing Committee	25 Van Ness, 5 th Floor Conference Room	3:00 – 5:00
Wed	7/10	People living with HIV Advisory Committee	25 Van Ness, Room 330A	5:30 – 7:30
Thurs	7/11	Three-year Plan Working Group	25 Van Ness, Room 330A	4:00 – 6:00
Mon	7/15	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30
Mon	07/22	HIV Health Services Planning Council	City Hall – Mayor's Conference Rm. 201	4:30 – 7:30

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103

San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

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Planning Council Bylaws Change Noticed 5/20/02, for Council Vote 6/24/02

Current Bylaws language, under Article III, Section 2:

In addition to the above categories of representation, sixty-seven percent of the Council members shall be self-disclosed Persons Living with HIV (PLWH).

Not less than forty percent of the Council members shall be consumers of Title I-funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Title I funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

The Membership Committee moves to change the above language to read:

Note: Bold text represents added text; strike-through text represents existing text to be removed.

In addition to the above categories of representation, ~~sixty-seven percent of the Council members shall be self-disclosed Persons Living with HIV (PLWH).~~

In addition to the above categories of representation, **the Planning Council shall maintain as a goal for nomination to the Council the most number of HIV-positive persons as possible, always ensuring that the minimum number required by the Federal Legislation is met, where applicable. With this in mind, the Planning Council will maintain a majority of HIV-positive members (equal to or greater than 51%) regardless of minimums outlined elsewhere.**

The Planning Council will meet the minimum unaffiliated consumer representation as called for in the Federal Legislation (33%), and will hold this only as a minimum, and will make efforts to exceed it. Unaffiliated Consumers ~~Not less than forty percent of the Council members shall be consumers of Title I-funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Title I funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.~~

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS REPORT – APRIL 2002

LAST MONTH'S CASES

	Service	Agency	Issue	Outcome
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Housing	Lodestar/Haight Ashbury	Quality of Care	Withdrawn
3-	Food	Project Open Hand	Termination from Service	Pending

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client claims that she was began receiving services from a residential drug treatment program, Lodestar, at the end of last year. During one of the group sessions, client disclosed some very intimate details about her personal history. Client claims that during one of the sessions the group facilitator called her a liar and ridiculed her attempt at honesty. A few days later, client was hospitalized for her heart condition and given a morphine drip. When she returned to Lodestar, she was allegedly terminated from the program for "drug seeking." Client departed the program and filed a grievance seeking an apology and a written explanation of the basis for her termination. Client is awaiting a response and the Advocacy Project is monitoring the grievance. Grievance is withdrawn due to client inaction.
- 3- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is assisting client with a surrogate shopper resolution.

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Housing	Baker Places	Quality of Care	Resolved
2-	Primary Medical	Health Center 1	Quality of Care	Pending
3-	Primary Medical	City Clinic	Policy Compliance	Pending
4-	Dental	UCSF Dental Clinic	Standards of Care	Pending
5-	Housing	Derek Silva	Access to Records	Resolved
6-	Housing	SFAF	Policy Compliance	Pending
7-	Housing	Leland House	Termination of Housing	Resolved
8-	Housing	Leland House	Termination of Housing	Pending

- 1- Client alleges that he did not have heat in his Baker Places apartment. Client complained to staff about the lack of heat but allegedly did not receive any prompt response. Client contacted the Advocacy Project who in turn contacted Baker Places on behalf of the client. Within a few days, the heater was fixed. The client is satisfied with the outcome.
- 2- Client had been a client of Health Center 1 for approximately 10 years when he decided that it was time for him to go on disability. His treating physician signed the necessary documentation for disability (SDI) for many months but then allegedly refused to sign the final forms. The client claims he was devastated and went to a different service provider who he believed supported his decision to leave work. The client then filed for and was later approved for permanent disability. The client filed a grievance with the assistance of the Advocacy Project regarding the quality of care that he received. The client wants Health Center 1 staff to be more sensitive to a client's decision to go out on disability and receive training. Additionally, the client asked Health Center 1 to create some internal mechanism in appeal a physician's refusal to assist the client in a decision about his own life. The Advocacy Project is monitoring the grievance.
- 3- Client claims that he went to the City Clinic and tested positive for HIV. The client then claims that he was referred to numerous local agencies and even received an ADAP card. After ten months, the client claims that during a routine visit he was told that his HIV test results could not be located and that another test needed to be done. He consented to this test and two weeks later was told that the results of the new test were "inconsistent." The client, who is now uncertain of his HIV status, filed a grievance with the assistance of the Advocacy Project against the standards of care at City Clinic claiming that a confirming test was never performed. Specifically, the client would like increased quality control testing, an investigation conducted of his situation and a letter of apology. In a telephone discussion, the City Clinic claims that the client never tested positive for HIV and they would respond to the client's grievance in writing.
- 4- Client received a check-up notification card from UCSF Dental Clinic. When client responded to the card for his bi-annual cleaning he was told by the receptionist that the next appointment was not for nearly six months after the summer when the student dentists return for the fall semester. Also, the client was told that it would take one month to schedule his appointment to pick-up his nightguard. Disturbed by the long delay in accessing service, the client filed a grievance with the assistance of the Advocacy Project. The agency responded that the receptionist had made a mistake regarding the scheduling and that she was being re-trained on that issue. The client was able to pick-up his nightguard the following week. Advocacy Project has requested the clinic put this resolution in writing.

- 5- Client believes that his case management files are being tampered with at Derek Silva Community. The client believes specific documents have been removed from his file. Client had formally requested to see all of his “psychological assessments” in his file and the agency responded that they do not have any psychological assessments on clients but that they do have “clinical process notes.” The agency stated that it would allow the client to review his file in the presence of the HIV Consumer Rights Advocate. Client is considering a review of these process notes with the Advocate.
- 6- Client was awarded a subsidy through the SFAF and given 3 months to find appropriate housing. During the last portion of the 3 month period, client located a room at an SRO. The SFAF approved the housing after a quality inspection and scheduled the subsidy to begin on 9/1/01. On 8/31/01, the management of the SRO told the client that she could not stay at the hotel. On the same day, the client met with staff at SFAF and was told that she would not qualify for the subsidy as of 9/1/01 because she did not “secure a rental unit” in the designated time allowed by the program. With the assistance of the Advocacy Project, the client filed a grievance stating that she complied with the terms of the subsidy program and secured a rental unit in the designated time frame. Client claims the momentary capriciousness of the management, something outside of her control, had lost her the subsidy. SFAF responded that the client contributed to the manager’s decision to rescind the housing. Client is considering an appeal.
- 7- Client was terminated from services at Leland House for allegedly drug trafficking and nuisance violations. Due to her medical condition, the client was taken to SFGH for a few weeks and then transferred to Laguna Honda. Client contacted the Advocacy Project because she wanted to return to Leland House. After negotiations with Leland House staff, it was agreed that the client could return to Leland House after the client attends and successfully completes a six-month drug treatment program and continue with twice weekly substance use meetings. Client is satisfied with the outcome.
- 8- Client was threatened with eviction from Leland House based on his alleged inappropriate conduct with other residents and alleged excessive violation of the visitation policy. Client contacted the Advocacy Project to prevent the eviction action. Settlement negotiations have begun with Leland House to stop the eviction action.

Referral Calls:	SFAF Services	1
	ALRP Services	3
	Eviction Defense Collaborative	1
	Project Inform Services	1
	Police	1
	HWL Services	2
	AHP Services	1
	HOPWA Subsidy Services	1
	NAAP Services	1
	Westside Community Services	1
	Project Open Hand Services	1
	Walden House Grievance Procedures	1
	Leland House Grievance Procedures	1
	SRO Task Force	1
	<u>Agency E.D. requesting services</u>	<u>4</u>
	Total	21

* Duplicated Client

PW CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS REPORT – MAY 2002

LAST MONTH'S CASES

	Service	Agency	Issue	Outcome
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Food	Project Open Hand	Termination from Service	Pending
3-	Primary Medical	Health Center 1	Quality of Care	Resolved
4-	Primary Medical	City Clinic	Policy Compliance	Pending
5-	Dental	UCSF Dental Clinic	Standards of Care	Resolved
6-	Housing	SFAF	Policy Compliance	Resolved
7-	Housing	Leland House	Termination of Housing	Resolved

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is assisting client with proposing to Open Hand a surrogate shopper resolution. The Client Services Director denied client's request for a surrogate shopper because she does not believe this is an appropriate option for this client. Advocacy Project has appealed the decision to the Executive Director and is awaiting his reconsideration.

- 3- Client had been a client of Health Center 1 for approximately 10 years when he decided that it was time for him to go on disability. His treating physician signed the necessary documentation for disability (SDI) for many months but then allegedly refused to sign the final forms. The client claims he was devastated and went to a different service provider who he believed supported his decision to leave work. At the new agency, the client then filed for and was later approved for permanent disability. The client filed a grievance with the assistance of the Advocacy Project regarding the quality of care that he received. The client wants Health Center 1 staff to be more sensitive and to receive training about a client's decision to go out on disability. Additionally, the client asked Health Center 1 to create some internal mechanism to appeal a physician's refusal to assist the client in a decision about his own life. Health Center 1 responded that the physician followed the appropriate standard of care in making his decision. The Client, though not satisfied with outcome does not wish to pursue the issue further.
- 4- Client claims that he went to the City Clinic and tested positive for HIV. The client then claims that he was referred to numerous local agencies and even received an ADAP card. After ten months, the client claims that during a routine visit he was told that his HIV test results could not be located and that another test needed to be done. He consented to this test and two weeks later was told that the results of the new test were "inconsistent." The client, who is now uncertain of his HIV status, filed a grievance with the assistance of the Advocacy Project about the standards of care at City Clinic claiming that a confirming HIV test was never performed. Specifically, the client would like increased quality control testing, an investigation conducted of his situation and a letter of apology. City Clinic claims that the client never tested positive for HIV and referred the client to his case manager and the grievance process. Client is not satisfied with this response and is awaiting test results from another clinic and will meet with City Clinic once the results are obtained.
- 5- Client received a check-up notification card from UCSF Dental Clinic. When client responded to the card for his bi-annual cleaning he claims he was told by the receptionist that the next appointment was not for nearly six months after the summer when the student dentists return for the fall semester. Also, the client was told that it would take one month to schedule his appointment to pick-up his nightguard. Disturbed by the long delay in accessing service, the client filed a grievance with the assistance of the Advocacy Project. The agency responded that the receptionist had made a mistake regarding the scheduling and that she was being re-trained on that issue. The client was able to pick-up his nightguard the following week. Advocacy Project has requested the clinic put this resolution in writing. Client is not satisfied with the written response but does not want to pursue matter further.
- 6- Client was awarded a subsidy through the SFAF and given 3 months to find appropriate housing. During the last portion of the 3 month period, client located a room at an SRO. The SFAF approved the housing after a quality inspection and scheduled the subsidy to begin on 9/1/01. On 8/31/01, the management of the SRO told the client that she could not stay at the hotel. On the same day, the client met with staff at SFAF and was told that she would not qualify for the subsidy as of 9/1/01 because she did not "secure a rental unit" in the designated time allowed by the program. With the assistance of the Advocacy Project, the client filed a grievance stating that she complied with the terms of the subsidy program and secured a rental unit in the designated time frame. Client claims the momentary capriciousness of the management, something outside of her control, had lost her the subsidy. SFAF responded that the client contributed to the manager's decision to rescind the housing. Client appealed the agency's decision, but the Associate Director for Housing confirmed the agency's earlier decision to rescind the subsidy. Client is not satisfied with the outcome and has retained legal counsel on the matter to pursue privately.

- 7- Client was threatened with eviction from Leland House based on his alleged inappropriate conduct with other residents and alleged excessive violation of the visitation policy. Client contacted the Advocacy Project to prevent the eviction action. Client strongly disagrees with the allegations of his misconduct. Advocacy Project has proposed that the client will attend a 90-day residential drug treatment program and then return to Leland House upon the successful completion of the program. Client is satisfied with the outcome and is awaiting placement at Ferguson Place.

NEW CASES

<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
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No New cases for May 2002

Referral Calls:

Derek Silva Grievance Procedures	1
Baker Places Grievance Procedures	1
SFGH Grievance Procedures	1
UCSF Grievance Procedures	1
Project Open Hand Grievance Procedures	2
ALRP Services	1
<u>Positive Resource Center Services</u>	<u>1</u>
Total	8

* Duplicated Client

(Report prepared by Richard Bargetto on 6/1/02)

HOUSING COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: June 5, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 3pm - 5pm
Members Present: Brad Hume; Margot Antonetty; Anthony Huynh; Kevin Johnson; John Conley; Charles Siron; and Ali Riker.
Others Present: Andrew Williams (DPH-AUH); George Simmons (CCASF); Rodney Murphy (CCASF); Laura Thomas (DPH); Trevor Bougounian (Public Joe); and Jeffrey Harding (Council Admin. Asst. - Minutes).
Next Meeting: Wed., July 10, 2002, 25 Van Ness, Room 330B, 3pm - 5pm

Introductions

Review/Approve Agenda / Minutes

The agenda was approved with no additions. Minutes were approved.

Announcements / Public Comment

There were no announcements and no public comment.

Update on New HUH Projects

Margot Antonetty updated the committee on the current status of the Housing and Urban Health (HUH) projects -- The Camelot and The Star.

SF Needs Assessment

Brad Hume passed out the Draft Conclusion of the Needs Assessment. The committee took a few minutes to review. MA reviewed the HWL situation to the group. George Simmons stated that the HIV/AIDS situation has changed with the life span lengthening, so HWL can't really be adjusted to meet immediate needs in regard to placement in order for service.

The need to define "rental subsidy" was brought up and investigated. The information about who is accessing care, in and out of care, and substance abuse/mental care were also reasons that people went in and out of care.

Laura Thomas pointed out that the question/definition of needing housing and asking for housing needed to be recognized and addressed. Ali Riker suggested that the group pull the information from the Needs Assessment in order to

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highlight Housing needs. GS commented about maintaining the current housing stock, and streamlining the HWL process. It was noted that the HWL is still getting calls and questions. The only way today to get service is in Emergency Housing. The Riviera is the main entrance point. (Riviera – 21 Units). AR noted that to put folks into care, a housing action point center would be a way to bring them into care. LT notes that there were no surprises in this NA, but a validation of current work and trends.

The committee realizes that it must prioritize housing needs, and make recommendations on what will be the most important. Also looking for the best use of funds that will be available.

Definition: Direct Emergency Rental Assistance (DERA).

3 Year Plan

BH expressed frustration with the 3 year plan and where it will take the committee, hoping programs will be maintained and improved. He encourage Housing members to attend that committee. Does planning become imaginative and/or realistic? Discussion continued. Charles Shiron pointed out that in the three year plan, the council will be focusing the prioritization process on past and future information. Every sub-committee should produce a set of recommendations for the 3 year plan.

Client Satisfaction information was shared with the Committee. The statistics confirmed the fact that Housing kept people healthy; allowed them to keep appointments, take meds, and maintain a healthy lifestyle. A philosophical discussion ensued about the importance of Housing, how to further educate Council members that Housing is still essential, and how priorities are made.

Next Meeting/Agenda

- Prioritize Housing Needs within Committee
- Funding Concerns/Where does CARE funding go? HOPWA funding?
- Three Year Plan
- Presentation: Mark Trotz, Housing Trends/Challenges/Recommendations

Adjournment

5:00pm

HIV Health Services Planning Council MEMBERSHIP COMMITTEE MEETING

Meeting Date: June 6, 2002
Meeting Place: 25 Van Ness, 330B
Meeting Time: 4:30pm – 6:30pm
Members Present: Kevin Johnson; Charles Siron; Mark Dunlop
Others Present: Eric Whitney (Administrative Coordinator); Laura Thomas (DPH);
and Jeffrey Harding (Council Admin Asst.).
Next Meeting: Thurs, June 27, 2002, 25 Van Ness 330A/B, 4:30pm – 6:30pm

Introductions

Review, Amendment and Approval of Agenda

Agenda was approved.

Review and Approval of Minutes

Past Minutes were approved.

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Announcements

No Announcements.

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Public Comment

There was no public comment.

Matrix Evaluation

Roster examination of terms up for renewal

Examine attendance record for the quarter

Update of mandated seats

Vacant seats available. It is important to focus on Latino HIV nominees and African-American nominees.

Review seats scheduled for Nominations on June 24. Current nominations were reviewed.

Review New Applications

The two new applicants will be invited to attend the next Membership Committee meeting to be interviewed by Members. They are Richard Fuller and Randy Allgaier.

Discussion: Brown Act vs Sunshine Ordinance

Mark Dunlop questioned the application of the Brown Act vs Sunshine Ordinance and which applied. In the past, Membership has held closed executive sessions. MD will investigate the ordinances and clarify the situation.

Discussion: Orientation & Mentorship

Discussion on when and where to hold the next training. EW suggested that dates be picked and other committees encouraged to attend. Date suggestions: Monday, July 15 or Tuesday, July 16, morning. A similar agenda as the last training was suggested, including Roberts Rules of Order.

Plan for Presentation of Bylaws Motion

The committee has decided to present the By-Laws change first to the Council on the June 24 Meeting, then the new nominees will be presented after the bylaws change has been determined.

New Business / Next Meeting Agenda

- Review Orientation Projects
- Interviews with current nominees
- Discussion on July Nominees

Adjournment

HIV Health Services Planning Council Community Action Committee

Meeting Date: June 3, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm - 6:30pm
Members Present: None
Others Present: Eric Whitney (Council Coordinator); Edwin del Carpio (AEF);
Laura Thomas (DPH); Jim Illig (Project Open Hand);
Veronika Cauley (Public) and Jeffrey Harding (Council
Admin. Asst. - Minutes)

Next Meeting: TBD.

Introductions

Those in attendance waited until 5:20 for a Council Member to create a quorum.
No member appeared.

Veronica voiced her concerns about Transgender Issues, including treatment from current providers. She voiced concern of the way that money is spent by current providers. She also expressed her desire for a transgender-specific/only shelter, and she commented that she would like these issues raised in general Council Meeting.

Adjournment

The meeting was cancelled at 5:30 pm.

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Implementation & Evaluation COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: May 28, 2002
Meeting Place: 25 Van Ness Ave, Rm. 330A
Meeting Time: 3pm - 5pm
Members Present: Sam Kaplan; John Conley; Margot Antonetty; and Charlene Pugh.
Others Present: Eric Whitney (Administrative Director); Charlotte Bobek (Positive Health Program); Edwin del Carpio (AEF); Jim Illig (Project Open Hand); Michelle Long Dixon (DPH); and Jeffrey Harding (Council Admin. Asst. - Minutes).
Next Meeting: Tuesday, June 11, 25 Van Ness, Room 330A, 3pm - 5pm

Introductions

Review and Approval of Minutes

Review, Amendment, and Approval of Agenda

Announcements

There were no announcements.

Public Comments

There were no comments.

Grantee Assessment

Sam Kaplan submitted the Recommendations from 2000 Grantee Assessment. Jim Illig submitted Recommendations for Criteria for Evaluation of the AIDS Office, put together by the HIV/AIDS Provider Network. Eric Whitney pointed out that the Recommendations should be prioritized for efficiency, defined, and addressed. SK commented that we should put together Recommendations for HRSA first, then later address other evaluations. Michelle Dixon agreed to address those issues which she has responsibility. EW suggested that the Recommendations submitted by the Providers' Network be prioritized and seriously considered as goal statements for use in the 3-year plan as well as to guide future Grantee Assessment activities.

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It is recommended that information about expenses and Contractor development be reported and included in HRSA information provided.

Next meeting subjects include DPH Timeline in addressing bullet issues. MD is determining who needs to be involved in Recommendations from 2000 Grantee Assessment.

John Conley discussed his compliance to current criteria in San Mateo County.

Issues to be addressed at next meeting June 11, 2002:

- *Further discussion of key players and recommendations

- *What needs to be included in short term report

- *What needs to be addressed for the long term goals and strategies.

- *Prioritize the HAPN Criteria for Evaluation

- *Timeline Assessment

Committee members reviewed the Grantee Assessment Draft Survey and commented on the questions. This is a good tool for future use.

Needs Assessment Update

Update on Housing Priorities 2002-03

Adjournment

4:50pm

Implementation & Evaluation COMMITTEE MEETING

HIV Health Services Planning Council

Meeting Date: June 11, 2002
Meeting Place: 25 Van Ness Ave, Rm. 330A
Meeting Time: 3pm - 5pm
Members Present: Sam Kaplan; John Conley; Brad Hume, Kevin Johnson
Others Present: Eric Whitney (Administrative Director); Bill Hirsh (ALRP/HAPN); Laura Thomas and Russ Zeller (DPH AIDS Office); Jim Illig (Project Open Hand); Michelle Long Dixon (DPH); and Jeffrey Harding (Council Admin. Asst. - Minutes).
Next Meeting: Tuesday, July 9; 25 Van Ness, Room 330A, 3pm - 5pm

Introductions

Announcements

There were no announcements.

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Public Comments

There were no comments.

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Review of 06/10/02 Council Meeting Discussion

Sam Kaplan reviewed the past Council Meeting discussion concerning prioritization.

Criteria Discussion for Decision Making

Sam Kaplan added the discussion to the agenda. Jim Illig stated that he feels that the Needs Assessment did not represent the 'In Home Care' population, including those who are receiving Home-based Services). Laura Thomas suggested that other sources may be available for this population including possible wait lists. Bill Hirsh stated that ALRP doesn't have any kind of wait list, and service is provided only when needed. The committee agreed that all programs are funded by other sources of funding as well as CARE dollars. John Conley stated that he feels that the Needs Assessment is not a good tool for prioritization, but can be used as an indicator of past prioritization successes. LT – Funding reduction criteria has been used to determine under utilization and poor performance in the past from the AIDS Office. Russ Zeller informed the Committee that there are few agencies that are not under utilized or performing poorly. Brad Hume made a point that the 3-Year plan is essential to determine before we can prioritize now. SK says that no plan will be perfect and to do the best possible. Questions posed: Where do we want to be in 3 years? Can CARE funding continue to serve the ethnically/culturally /gender diverse communities? Do we provide fewer services for more, or more services for fewer

people? Do we really need a separate service system for HIV/AIDS Care? Should there be a centralized system of intake and service coordination?

Grantee Assessment

MLD is reviewing the recommendations from the last Grantee Assessment to determine areas of responsibility. A small work group is forming to determine what of these recommendations have already been addressed, and what recommendations remain to be addressed in upcoming Grantee Assessment activities. The group plans to produce a document to be submitted to HRSA with the grant application outlining the aforementioned process and what has already been accomplished.

The committee forwarded the idea of the creation and implementation of an MOU (Memorandum of Understanding) between the Planning Council and HIV Health Services that specifically documents their relationship and expectations of each other. This document will begin its creation in draft form in the Fall 2002.

Adjournment

4:15pm

HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: June 12, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:30pm - 7:30pm
Members Present: Brad Hume, (Co-chair); Mjay Sanders, (Co-chair); Ken Pearce, Elyse Graham, Jim Mitulski and Charles Siron.

Others Present: Richard Bargetto (Advocacy Project); Eric Whitney (Administrative Director); Richard Fuller, Jeff Hutchins, Trevor Bougouneau and Jeffrey Harding (Council Admin. Asst. - Minutes).

Next Meeting: Wed., July 10, 2002, 25 Van Ness, 330A, 5:30pm -7:30pm

Introductions

Review / Approval of Agenda

The Agenda was approved after deleting Item 11 for brevity.

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Review / Approval of Minutes

The Minutes were approved.

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Announcements

Eric Whitney addressed some of the Committee Members issues of Yahoo Group access problems.

Public Comment

Jeff Hutchins, a member of the public, shared his story about his frustration and difficulty in dealing with one of the CARE providers, Positive Resource Center. Mjay Sanders referred him to the HIV Consumer Rights Advocacy Project, explaining that the Advocate was developed with the PWA Caucus for this very reason to assist individuals experiencing difficulties accessing services at CARE funded agencies.

Mission Statement

Mjay Sanders read the Mission Statement he'd penned that was distributed at the previous meeting. Ken Pearce suggested that MJay and Brad create a Joint Mission Statement in their own words. RB stated that the common themes of "voice" and "experience" were prevalent. Jeff Hutchins suggested that "public views" be somehow included in the statement. There were several suggestions of names from the group. PLWH Advisory Committee, PLWH Community Advisory Committee, People Living with HIV Community Advisory Committee. A motion was made by Charles Siron to amend the name to People Living with HIV Advisory Committee. Motion seconded and passed by hand vote. Brad and

MJay will work together on a combined effort on a Mission Statement. Richard Fuller made a point that the Mission Statement must be clear and concise in purpose. Jim Mitulski also made a point to keep the statement succinct and easily paraphrased or repeatable.

Needs Assessment

Brad Hume relayed information on prior discussions at past Council and Committee meetings. Public forums are a duty of the Committee, and BH is asking committee members to think about what subjects may be of importance, and create focus groups and/or community forums. He is asking that suggestions be brought to the next committee meeting. Brad stated that the current prioritization process would allow focus groups and community forums.

HIV Consumer Rights Advocacy Project Report

Richard Bargetto introduced himself and explained the Advocacy Project. He reviewed the PWA Caucus Report – May 2002 (*See Attachment A*). He stated that trends include termination of services involving Mental Health issues. 55% percent of time is spent on Housing issues. RB stated that his work is Client driven and he encourages resolution of issues with Client satisfaction. Mjay Sanders noted that the Advocacy Project Annual Report is always excellent information, and suggested that future reports include valuable information of incidental benefits.

Bylaws Requirement of 67%/40% PLWH

Brad summarized the discussion of prior meetings. The proposed amendment will be presented to the full Council next meeting. The federal legislation requires a minimum of 33% Unaffiliated Consumers.

Other Business / Next Meeting Agenda

- Advocacy Project Report
- Policy & Practices Manual / Implementation
- Needs Assessment
- Evaluation of Consultant
- Draft Mission Statement
- Promoting Community Involvement

Adjournment

7:30pm

HIV Health Services Planning Council STEERING COMMITTEE MEETING

Meeting Date: Monday, June 17, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:00pm – 6:30pm
Members Present: Catherine Geanuracos; Kevin Johnson; Mjay Sanders; Brad Hume
Others Present: Michelle Long Dixon (HIV Health Services); Jim Illig (Project Open Hand); Laura Thomas (DPH); Eric Whitney (Council Administrative Director); Jeffrey Harding and Tricia Turner (Council Admin. Asst. - Minutes).
Next Meeting: Mon., July 15, 2002, 25 Van Ness, Room 330A, 5pm - 6:30pm

Introductions/Announcements

Eric distributed the proposed Council meeting agenda for the committee's review and discussion. The SFDPH Sub-category allocations presentation was removed from the agenda. The discussion of the PWA Caucus only needs 5 minutes.

The minutes need to be clarified. Issues from PWA Caucus and items carried over from the last meeting need to be discussed along with the '02-'03 total CARE Budget.

3-Year Plan Proposed Vote

The committee reported that in order to move forward with prioritization, the Council needs to determine where they want to be in three years. The proposal needs to specify that eligibility requirements may need to change depending on the outcome of the upcoming vote at the Council meeting. At the next meeting, the group will develop their discussion of ISPs to decrease administrative overhead.

PWA Caucus

Catherine explained that at the previous Steering Committee meeting, the group discussed the May PWA Caucus meeting. Some members of the Caucus voiced concern that their meeting time is not being used to its utmost efficiency, i.e. lack of agenda setting, the committee's mission, administrative issues. The co-chairs of the Caucus decided to acknowledge the discussion by inviting positive members of the Caucus to voice their concerns at the next Caucus meeting.

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The co-chairs of the PWA Caucus were especially concerned about the consultant hired, because the product was not what they had hoped for. They still need to develop their mission statement, work plan, utilizing the money for a consultant. Difficulties mentioned include attendance has not been consistent, which makes participation and productivity difficult. At the next meeting, Brad hopes to cover needs assessment, the consultant's documentation, and attendance issues. Catherine would like to include some of the discussion at the Council meeting. Some members of the committee voiced that the Caucus would like an outside facilitator to further their progress. The Program Manager of the DPH HIV Health Services can offer support to ensure a positive contract with any paid consultant.

Some expressed that due to attendance issues, and lack of interest and participation, the consultant was not invested in creating a more applicable product. However, the Caucus did not feel like they were part of the process. All matters aside, moving forward is essential to the success of both the Caucus and the Council.

There was a general consensus among the group that there needs to be further clarification of roles and responsibilities of administrative support of the Council. Eric needs more direction in his role with the Caucus so that he can be useful to their goals. Co-chairs of the Council need to take on more leadership with the group also.

Co-chairs of the Council, Co-chairs of the Caucus and Eric will meet to discuss the next steps in working with the Caucus on Friday 6/21/02 at 4:30pm at Brad's house.

Adjournment

The meeting was adjourned at 6:31 pm.

HIV Health Services Planning Council

3-Year Plan Work Group

Meeting Date: June 13, 2002
Meeting Place: 25 Van Ness Ave., Rm. 330B
Meeting Time: 4:30pm - 6:30pm
Members Present: Brad Hume; John Conley; Charles Siron; and Catherine Geanuracos.
Others Present: Eric Whitney; Laura Thomas (DPH); Jeffrey Harding; and Tricia Turner (Council Admin. Asst. - Minutes).

Next Meeting: Thurs., July 11th, 2002, 25 Van Ness, 330A, 4:00pm - 6:00pm

Laura called the meeting to order.

Introductions

Eric Whitney will lead the discussion.

Announcements

Eric Whitney distributed the Brain Storm worksheet developed during last month's meeting for the committee's review and discussion.

Discussion-Prioritization

The list was created to focus on issues anticipated to grow or change over the next three years. Clarifications about the list were made about the following: REGGIE may not have the support to handle the amount of clients projected for the next three years. Transgendered populations were also omitted from the list. Though some members of the committee were ready to move forward with the creation of the plan, it was necessary to determine the ultimate goal of the service system by 2005.

The committee concluded that outcomes are not clear; and the question of whether to provide more services for less people or less services for more people has not been answered.

How clients use a service is a way to track what services are a priority (i.e. via the REGGIE system). Laura explained the Matrix model discussed at Monday's Implementation and Evaluation Committee meeting could be a possible solution to this problem.

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The Council could focus on creating multi-service centers, collaborating with other agencies, strengthening information & referral to avoid duplicating services and be more efficient in serving clients. This may offset fiscal cuts.

There can be more than one scenario in the written plan. By strengthening Integrated Service Providers (ISPs), services could be made more financially efficient and accessibility could be heightened. However, ISPs are not necessarily identified as such by its funding sources.

The committee reverted to their discussion about prioritizing targeted services above or below proportional services fiscal cuts. Eric expressed that there is a general consensus among Council members that core services (i.e. food, shelter, medical, etc.) are and should be prioritized over the services that remain after those core needs are met.

The Council must vote regarding setting priority among the most critical clients and service populations so that the Council (and especially this committee) can move forward.

Proposal

The committee decided that the Council should decide on a motion of the following at their next full Council meeting:

The Planning Council envisions a service delivery system in the year 2005 that provides a high quality set of core services for the largest number of people living with HIV in the San Francisco EMA, that further envisions minimal changes to client eligibility criteria.

The Planning Council envisions a service delivery system in the year 2005 that provides a full spectrum of HIV services that serves fewer people in the San Francisco EMA, that further envisions a stricter set of client eligibility criteria.

The group categorized the items on the Brain Storm list within either Population, External Environment, Funding, Administration of Title I services.

Adjournment

The meeting was adjourned at 5:59 pm.

Brain Storm 2002-05 for 3-Year Plan Work Group

Population

- Increase expectation of people in CARE
- More people living with HIV
- More older people living with HIV
- More dual-diagnosis or multiple diagnosis, Hep C
- Increase in young gay men infections
- Increase in Latino and AA and women, people of color, transgender
- Concentration of severe need in public system
- Increase in Primary Care due to an aging populations
- More rural suburban cases
- More homeless multiple diagnosed cases
- Maintain level of unaffiliated consumers

Funding

- Less funding: federal, state, local, private
- Lower cost of drugs
- Return to work moving to private insurance lessens public insurance
- Steady decline of un-funds
- Increase cost for providers to provide services, with flat funding results in a reduction of services
- Shortage of qualified workers to provider services, reduction in nurses
- Consolidation, mergers, shut down of services
- CBO's unwilling to provide services
-

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External Environment

- HIV reporting
- Potential for political change
- Cause change in public view and participation
- Better treatment programs new drugs
- Lower cost of drugs
- Return to work moving to private insurance lessens public insurance
- Eroding of public health system
- Better treatment of HIV people with HEPc
- Better management of long-term side effects.
- Housing market will stabilize
- Bay Area economy stabilize
- More statewide coordination of services, more service for PLWAH
- Change in legislation / regulations around work re-entry concerning long term disability
- Shortage of qualified workers to provider services, reduction in nurse
- More supportive housing services

Brain Storm 2002-05 for 3-Year Plan Work Group

Administration of Title I Services

- Collaboration with Prevention
- More coordination with Mental Health and Substance Abuse Council
- Consolidation, mergers, shut down of services
- CBOs' unwilling to provide services
- REGGIE
- More community action, increase in provider participation on the Council

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: June 24, 2002

Meeting Place: City Hall, Mayor's Conference Room 201

Meeting Time: 4:30pm - 7:30pm

I. Call to Order

4:40pm

II. Roll Call

See Attachment A, a quorum was achieved.

III. Review and Approval of Agenda

Agenda was approved without changes.

IV. Review and Approval of Minutes 5/20/02 & 6/10/02

May and June Minutes were approved without changes.

V. General Announcements

A member of the public filed a complaint with the Sunshine Ordinance committee against the Planning Council regarding issues related to the timeliness of posting minutes and agendas of Council meetings to the SFDPH Website. Michelle Long Dixon and Eric Whitney will attend the hearing on June 25 to address the issue and, in addition, have created an action plan to address the issues raised in the complaint.

Eric Whitney introduced Tricia Turner, the new Administrative Assistant for the Council. Her direct line is 972-0870 and her email is triciat@positiveresource.org.

VI. Public Comment

Thomas Simpson from AfroSolo Theatre Company invited the Council to Slammin' AIDS, a festival featuring Hip Hop, poetry and spoken word to increase prevention and awareness; 8/22/02. More information may be located at their website at www.afrosolo.org.

VII. Presentation - SFDPH - The REGGIE System

Rani Marx from Department of Public Health introduced her staff and distributed a fact sheet on the REGGIE system (See Attachment B). Jim Khan explained the basic fundamentals of the REGGIE database project. The program is registration based, and records demographic information, eligibility, and health status. The system is centralized and is accessible to agencies through training, donated computers and software from the DPH. The data can be used to handle HRSA recording, support for the CARE Grant, and to provide general understandings of populations with HIV. Currently 56 of 60 agencies are on board. The system is secure and confidential.

A second, more detailed presentation about the future of REGGIE will occur at the July 22, 2002 Council meeting.

Rani Marx distributed the Epidemiology & Evaluation Section and Project Reggie informational packet and supplemental materials, and reviewed their contents (See Attachment C). The data reflects demographic information that can give Council members a better idea of understanding CARE clients,

and what CARE dollars are being used for. Charlotte Bobek of SFGH, offered her appreciation for the hard work that the REGGIE staff have put into making the system work better.

VIII. Presentation - SFDPH - HIV Health Services Quarterly Report

Michelle Long Dixon distributed the 1st Quarterly Report from the DPH HIV Health Services (See Attachment D). She reviewed the contents of the handout and explained that the certification process is a slow one, especially during the end of the city's fiscal year.

Multi-year contracts can offer relief for contractors and HIV Health Services staff, and would be ideal for an agency that does not undergo significant changes year to year.

IX. Committee Reports Membership Committee

The Membership Committee forwarded a bylaws change to the Council (See Attachment E). The adopted language now reads:

"In addition to the above categories of representation, the Planning Council shall maintain as a goal for nomination to the Council the most number of HIV-positive persons as possible, always ensuring that the minimum number required by the Federal Legislation is met, where applicable. With this in mind, the Planning Council will maintain a majority of HIV-positive members (equal or greater than 51%) regardless of minimums outlined elsewhere".

"The Planning Council will meet the minimum unaffiliated consumer representation as called for in the Federal Legislation (33%), and will hold this only as a minimum, and will make efforts to exceed it. Unaffiliated consumers shall be consumers of Title I-funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Title I funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services".

Outcome: The motion passed with 20 in favor, and 2 abstentions.

The council unanimously endorsed Lindy Hill, Christopher Scott Gamora, Benjamin Franklin Reid III, and Lara Sallee as new Council nominees to be forwarded to the Mayor for appointment. With one abstention, the Council voted to endorse George Simmons as a new Council nominee.

There was some confusion among Council members regarding the decision to replace the nomination process of block voting with individual nominee voting. The Membership Committee will explore at their next meeting on June 27, 2002.

Steering Committee Discussion - Update, Planning Council Support Staff

Catherine Geanuracos would like to assess the work of the Administrative staff every six months. Eric Whitney's role as Administrative Director has become a voice for continuity, agenda setting, and he has a vast amount of knowledge regarding the Council. Catherine Geanuracos would like to see more people utilize the administrative staff and their skills in their committee work.

Discussion -- 3-Year Plan Working Group Vote

Eric Whitney distributed the Motion for Council Approval Guiding Principals for 2003-2005, including the following language:

* The Planning Council envisions a service delivery system in the year 2005 that provides a high quality set of core services for the largest number of people living with HIV in the San Francisco EMA, which may result in the reduction or elimination of some services, but will require minimal changes to client eligibility criteria.

* The Planning Council envisions a service delivery system in the year 2005 that provides a full spectrum of HIV services which may retain the vast majority of the current array of services in the San Francisco EMA, but will require a stricter set of client eligibility criteria, and will likely serve fewer clients.

In order for the Council to move forward with prioritization, the 3-Year Work Group needs to be aware of where the Council would like to be in 2005. In an effort to create a plan, the group offered a proposal for the Council to prioritize core services vs. a full spectrum of services; in essence prioritizing people vs. prioritizing services.

Members of the Council would like to see an option of including both proposed motions into one, as those who receive CARE services are already in high need and CARE is the payer of last result. The units of service will become more costly if you serve fewer clients (by lowering eligibility). Susan Shea, speaking for core services, explained that Integrated Service Providers (ISPs) are needed to save the CARE funded system. The consumer choice system currently in place is not cost efficient, and will not survive in the future years. Jim Mitulski asked the Council to make health care a first priority, by using their political voice to offer advocacy for San Francisco's own version of universal healthcare for people with HIV.

Those speaking for a full spectrum of services voiced that the most impoverished clients are receiving services that are essential, and such services are not expendable. Michelle Long Dixon explained that tightening eligibility is inevitable, regardless of Council decisions. As such, the language regarding changing eligibility requirements was removed from the proposal.

Outcome: On condition that eligibility is not included in the sentence, 16 voted to maintain core services (item 1), and 2 voted for a full spectrum of services (item 2).

The following committee reports were moved to the next meeting agenda:

PWA Caucus

Housing Committee

Implementation & Evaluation Committee

X. New Business

There was no time to discuss new business

XII. Adjournment

Meeting was adjourned at 7:30pm.

Home | Community Action Committee | Implementation & Evaluation Committee | Membership Committee

People Living with HIV Advisory Committee | Steering Committee | Three-year Plan Work Group

HIV Health Services Planning Council

Roll Call [1]: P=Present; A=Absent; E=Excused; L=Leave of Absence

Votes [2-10]: Y=Yes; N=No; B=Abstain

June 24, 2002	[1]	[2]
1. Alissa Riker	AR	P Y
2. Anthony Huynh	AH	P Y
3. Brad Hume	BH	A
4. Catherine Geanuracos	CG	P Y
5. Cecilia Chung	CC	A
6. Charlene Pugh	CP	A
7. Charles Siron	CS	P Y
8. David Gant	DG	A
9. Dirk Doepfner	DD	P Y
10. Donald Frazier	DF	P Y
11. Edward Patterson	EP	A
12. Elyse Graham	EG	P Y
13. Felicia Elizondo	FE	A
14. Fernando Gomez-Benitez	FGB	A
15. Jeff Byers	JB	P Y
16. Jim Mitulski	JM	P Y
17. John Conley	JC	P B
18. Karen Wuopio	KW	P Y
19. Ken Pearce	KP	P Y
20. Kevin Johnson	KJ	P Y
21. Larry Cruz	LC	P Y
22. Mjay Sanders	MJS	P B
23. Margot Antonetty	MA	P Y
24. Mark Dunlop	MD	P Y
25. Norman Tanner	NT	P Y
26. Sam Kaplan	SK	P Y

27. Susan Shea	SS	P	Y
28. Toni Butler	TB	P	Y
29. Tracy Neil	TN	P	Y
30. Wayne Peace	WP	A	
31. William Blum	WB	A	

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HIV Health Services Planning Council

25 Van Ness Avenue, Room 330A

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**July 8, 2002
4:30 - 7:30 PM**SAN FRANCISCO
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- | | |
|--|----------------|
| I. Call to Order | 4:30 PM |
| II. Roll Call | 4:32 PM |
| III. Review and Approval of Agenda | 4:35 PM |
| IV. Review and Approval of Minutes, June 24, 2002 | 4:37 PM |
| V. General Announcements | 4:40 PM |
| VI. Public Comment | 4:45 PM |
| VII. Presentation - San Francisco Sunshine Ordinance & Open Meetings, | 5:00 PM |
| Paul Zarefsky, Deputy
City Attorney | |
| VIII. Presentation - Report, Unexpended Funds/Carry-Forward Funds | 5:40 PM |
| Michelle Long Dixon,
San Francisco
Department of Public
Health, HIV Health
Services | |
| Dinner Break | 6:00 PM |
| IX. Committee Reports | 6:15 PM |
| - Membership Committee | |
| o Nominations Voting Procedures, Block/Slate Nominations versus Individual
Candidate Nominations - VOTE | |
| o New Member Nominations - VOTE | |

- People living with HIV Advisory Committee (Formerly the PWA Caucus)	6:35 PM
- Housing Committee	6:45 PM
- Implementation & Evaluation Committee	6:55 PM
- Steering Committee	7:05 PM
• Discussion - Core Services	
• Discussion - Further Defining of Prioritization Criteria within Service Categories	

X. New Business 7:20 PM

XI. Adjourn 7:30 PM

Note: Agenda items are subject to change, postponement, or removal.

Meeting agendas are considered to be in DRAFT form until reviewed and approved by Council attendees.

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103

San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

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Upcoming Meetings:

Day	Date	Type of meeting	Location	Time (PM)
Tues	9-Jul	Implementation & Evaluation Committee	25 Van Ness, Room 330B	3:00 – 5:00
Wed	10-Jul	Housing Committee	25 Van Ness, 5th Floor Conference Room	3:00 – 5:00
Wed	10-Jul	People living with HIV Advisory Committee	25 Van Ness, Room 330A	5:30 – 7:30
Thurs	11-Jul	Three-year Plan Working Group	25 Van Ness, Room 330A	4:00 – 6:00
Mon	15-Jul	Steering Committee	25 Van Ness, Room 330A	5:00 – 6:30
Mon	22-Jul	HIV Health Services Planning Council	City Hall – Mayor's Conference Rm. 201	4:30 – 7:30

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: July 8, 2002

Meeting Place: 25 Van Ness Ave., Rm. 330A

Meeting Time: 4:30pm - 7:30pm

I. Call to Order

4:35pm

II. Roll Call

See Attachment A., a quorum was achieved.

III. Review and Approval of Agenda

The Agenda was approved with an addition from Michelle Long Dixon.

IV. Review and Approval of Minutes 6/24/02

The June Minutes were approved without changes. There were five abstentions to the motion: John Conley, Charlene Pugh, William Blum, Brad Hume, David Gant.

V. General Announcements

There were no announcements.

VI. Public Comment

Patrick Monette Shaw would like the Council to respond to the Stop AIDS Project E.D. regarding erroneous remarks indicating that social events for PWA's are the greatest service need for PWA's in San Francisco. Additionally, Mr. Monette-Shaw voiced frustration that the Needs Assessment has not yet been published.

Charlotte Bobek from Positive Health Program distributed a letter from the HIV Primary Care Coalition (See Attachment B) regarding their recommendations for upcoming prioritization. She attached, Declining Morbidity and Mortality among Patients with Advanced Human Immunodeficiency Virus Infection related abstracts and bibliographies. The complete article is available from the Council office upon members' request.

Lee Green, a consumer, is frustrated that he has been on the Housing list since 1996. Margot Antonetty offered to discuss the matter further with him following the meeting.

VII. Presentation - SF Sunshine Ordinance & Open Meetings

Paul Zarefsky, Deputy City Attorney, gave a brief overview of the Sunshine Ordinance as it applies to the CARE Council.

A meeting is defined as a gathering of the group, including a committee, as long as majority applies. There is no requirement that the group discuss matters relevant to the committee or Council under the majority principle. "Seriata meeting" is when a number of members communicate with each other, but are not physically present (i.e. e-mail, conference call). There is no violation if there is only one-way communication (i.e. scheduling coordination).

Notice of any meeting is required 72 hours in advance. An agenda should be posted outside the normal meeting place, on the Council website, and in a public place (library). Compliance with agenda formation is critical to Sunshine Ordinance compliance. There must be meaningful description on the agenda, so that someone who might be interested could attend the meeting. The agenda must include whether the item is either an action item, or whether it will be raised solely for discussion. There is a

boilerplate form for all agendas, including provisions regarding Sunshine Ordinance contact information, cell phones, chemical sensitivities, and notice that all discussion is subject to public comment.

Public comment offers diversity of perspective. Public Comment must occur before any action is taken on an issue. The Council must be non-discriminatory regarding time allotments for members of the public. The members of the public have a right to anonymity and the right to criticize. Council members are not required to respond to any members of the public. If related to a record (i.e. formal document request), obviously a response is required.

The public also has the right to raise issues at the time of the agenda item. Mr. Zarefsky suggested the Council should give each speaker at least 2 minutes for comment, as to avoid any inconsistencies or discriminatory behavior.

Closed sessions are generally reserved to real estate, labor, personnel, and litigation issues. Passive meeting bodies are meetings orchestrated by one member of a body, without a majority (only by one member). In this case, there is no requirement for an agenda, or public comment: they would only need to notice the meeting in a public place and allow the public to observe.

When the Council decides to respond to Public Comment, they must be careful not to initiate a whole new discussion, thus creating a new agenda item. Response should be only to clarify. Should testimonies be abundant, the chair might strongly encourage the members not to be redundant and not be lengthier to two minutes. Only if a public member is truly disruptive, should the Council take matters to the Sheriff's Dept. No member of the Council can act as a member of the public. Council members can request that issues be put in writing, but cannot require it.

VIII. Presentation - SFDPH - Report, Unexpended Funds/Carry-Forward Funds

Michelle Long Dixon distributed an addendum to the 1st Quarterly Report regarding CarryForward Funds and Unexpended Funds (See Attachment C). She proposed that the August I & E Committee discuss the possible projects to be supported by the funds and present their findings at the September Council meeting. The details regarding the CarryForward funds are currently being compiled by her staff.

Laura Thomas distributed an answer sheet on Reggie questions asked at the last meeting (See Attachment D).

IX. Presentation - SFDPH - Report, Healthcare Sub-category Summary Sheets

Michelle Long Dixon distributed a Guide to Sub-Category Summary Sheets, and the Summary Sheets (See Attachment E). She explained that primary care is a subcategory of the health care category. Program description and target population may give more information on who provides the service, where it is provided and who it is provided for. Information and analysis is an interpretation, and allows the reader to see how the money was used. If the date is not specified, most likely it is a mix of last year and this year.

Looking at Primary Care offers a gaze at the trends going on in other categories. The issues are general but their impact is great, causing them to flow over into other categories. For those clients who are providing data via Reggie, the numbers of persons represented in the data changes from one report to another because unduplicated consumers may change from program to program, not service. The AIDS office intake criteria is different from the Reggie criteria because they are different systems. Michelle Long Dixon does not know why this is the case. Patrick Monette Shaw, a member of the public, expressed that Michelle Long Dixon's answer to this question is unacceptable.

X. Committee Reports

Membership Committee

Mark Dunlop explained that the Council has been inconsistent with their method of electing nominees through either block voting or individual nomination voting. He made a motion to submit nominations in block form; Jeff Byers seconded the motion. Blocks are recommended by the membership committee.

Any issues or amendments raised by the Council can be addressed at the time of discussion. Jeff Byers, as the Council Parliamentarian, agreed that if an individual is pulled from a block, they will be considered at a later date in a separate block.

Brad Hume spoke against the motion because the slate does not give him enough voice through his vote. Selecting candidates in the Membership Committee is difficult as only a small cross-section of Council members can attend the meeting. Additionally, pulling an individual from the slate can create an awkward situation.

Susan Shea suggested that the committee could forward the names to the Council for review via email. Upon their review, they can discuss any issues before a vote occurs. Due to confusion regarding Attachment A of the Bylaws, the motion was withdrawn.

Outcome: The motion was withdrawn.

New Member Nominations

The council unanimously endorsed Randy Algaier, Trevor Bougouneau, and Mary Lawrence Hicks as new Council nominees to be forwarded to the Mayor for appointment.

Attendance

Kevin Johnson distributed an attendance report for all Council Members. He explained that people need to attend 2 meetings per month to fulfill their Council requirements (See Attachment F). Council members can only take an excused illness leave if they are HIV+.

Community Action Committee

Catherine Geanuracos explained that the group has not seen any significant attendance, so will not meet until after prioritization.

PLWH Advisory Committee

The PLWH Advisory Committee, formerly known as the PWA Caucus, is currently looking at completing their mission statement. They would like to create a community forum by the end of the summer, either specifically for the Transgender community or have a content-specific forum regarding core services.

Housing Committee

Margot Antonetty reported that the June meeting consisted of discussion regarding the Needs Assessment, and the 3-Year Plan.

Implementation & Evaluation Committee

The grantee assessment that is scheduled to be included in the next application is an evaluation of the status of the recommendations in the previous Grantee Assessment. Following the submission of the application, the I & E Committee will investigate creating a Memorandum of Understanding between the Council & the AIDS office. There had been objections from the Council in the past to the idea of an MOU, so if anyone did have objections they are instructed to direct their concerns with the co-chairs of the I & E Committee.

Steering Committee - Discussion - Core Services

Pursuant to the decision made at the 6/24/02 Council meeting, the Council will need to begin identifying core services. Catherine asked the group to look at the Sub-Category sections that Michelle Long Dixon distributed to determine what categories are core. This will help with the prioritization process. Staff will bring old I & E minutes from a few years ago to aid in their process. Jeff Byers raised issue with prioritizing sub-categories vs. main categories.

XI. New Business

There was no time to discuss new business.

XII. Adjournment

Meeting was adjourned at 7:30pm.

Approved 7/22/02

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Attachment A

HIV Health Services Planning Council

Roll Call [1]: P=Present; A=Absent; E=Excused; L=Leave of Absence

Votes [2-10]: Y=Yes; N=No; B=Abstain

July 8, 2002**[1]**

1. Skye Ambrose	CN A
2. Margot Antonetty	P
3. Curtis Baker	CN A
4. William Blum	P
5. Toni Butler	A
6. Jeff Byers	P
7. Cecilia Chung	A
8. John Conley	P
9. Larry Cruz	P
10. Dirk Doepfner	A
11. Mark Dunlop	P
12. Felicia Elizondo	A
13. Donald Frazier	P
14. David Gant	P
15. Catherine Geanuracos	P
16. Fernando Gomez-Benitez	A
17. Christopher Scott Gomora	CN A
18. Elyse Graham	P
19. Mary Lawrence Hicks	CN P
20. Lindy Hill	CN A
21. Brad Hume	P
22. Anthony Huynh	A
23. Kevin Johnson	P
24. Sam Kaplan	P
25. Jim Mitulski	A
26. Tracy Neil	A
27. Edward Patterson	A
28. Wayne Peace	A

29. Ken Pearce	P
30. Charlene Pugh	P
31. Benjamin Franklin Reid III	CN A
32. Alissa Riker	A
33. Mjay Sanders	A
34. Susan Shea	P
35. George Simmons	CN P
36. Charles Siron	A
37. Norman Tanner	P
38. Karen Wuopio	P

Note: CN = Council Nominee (No Voting Privileges)

Bold text indicates members with HIV/AIDS

Quorum = 16 Members present, at least 4 with HIV/AIDS

A QUORUM WAS REACHED

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HIV Health Services Planning Council

City Hall, Room 201, Mayor's Conference Room
1 Dr. Carlton B. Goodlett Place

July 22, 2002
4:30 - 7:30 PM

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DRAFT AGENDA

- | | | |
|-------|---|------------|
| I. | Call to Order | 4:30
PM |
| II. | Roll Call | 4:32
PM |
| III. | Review and Approval of Agenda | 4:35
PM |
| IV. | Review and Approval of Minutes, <u>July 8, 2002</u> | 4:37
PM |
| V. | General Announcements | 4:40
PM |
| VI. | Public Comment | 4:45
PM |
| VII. | Presentation - The REGGIE System & Planning for the Future

Rani Marx, San Francisco Department of Public Health | 5:00
PM |
| VIII. | Presentation - Report/Discussion - Healthcare Sub-category Summary
Sheets

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public
Health, HIV Health Services | 5:30
PM |
| IX. | Presentation - Report/Discussion - Housing Sub-category Summary
Sheets

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public
Health, HIV Health Services | 5:45
PM |
| | Dinner Break | 6:00
PM |
| | | 6:15 |

X. Presentation - Report/Discussion - Food Sub-category Summary Sheets **PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services

XI. Presentation - Report/Discussion - Client Advocacy Sub-category Summary Sheets **6:30 PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services

XII. Presentation - Report/Discussion - Transportation Sub-category Summary Sheets **6:45 PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services

XIII. Committee Reports **7:00 PM**

- Steering Committee

- Three-Year Plan Working Group
- Discussion - Further Defining of Prioritization Criteria within Service Categories, development of Decision Matrix - VOTE

- People living with HIV Advisory Committee (Formerly the PWA Caucus)

- Housing Committee

- Implementation & Evaluation Committee

- Membership Committee

XIV. New Business **7:25 PM**

XV. Adjourn **7:30 PM**

Note: Agenda items are subject to change, postponement, or removal.

Meeting agendas are considered to be in DRAFT form until reviewed and approved by Council attendees.

HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103

San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor

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Upcoming Meetings:

July - August 2002

Meeting	Date	Time	Location
Implementation & Evaluation Committee	Tues. 7/23	3pm-5pm	SFAF, 995 Market Street, 2nd Fl. Conference Room
Three-Year Plan Working Group	Thurs. 7/25	4pm-6pm	25 Van Ness 330B
Membership Committee	Thurs. 8/1	4:30pm-6:30pm	25 Van Ness 330B
Community Action Committee	Mon. 8/5	5:00pm-6:30pm	25 Van Ness 330A
Housing Committee	Wed. 8/7	3:00pm-5:00pm	25 Van Ness 330A
HIV Health Services Planning Council	Mon. 8/12	4:30-7:30	City Hall, Mayor's Conference Room 201
Implementation & Evaluation Committee	Tues. 8/13	3pm-5pm	25 Van Ness 330A
People Living with HIV Advisory Committee	Wed. 8/14	5:30pm-7:30pm	25 Van Ness 330A
Steering Committee	Mon. 8/19	5pm-7:30pm	25 Van Ness 330A
HIV Health Services Planning Council Retreat	Mon. 8/26	1pm-8pm	LGBT Community Center, 1800 Market Street @ Octavia

HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: July 22, 2002

Meeting Place: City Hall, Mayor's Conference Room 201

Meeting Time: 4:30pm - 7:30pm

I. Call to Order

4:42pm

II. Roll Call

See Attachment A.. a quorum was achieved.

III. Review and Approval of Agenda

The Agenda was approved.

IV. Review and Approval of Minutes 7/08/02

There were several changes made to the minutes. With one abstention, the minutes were approved.

Patrick Monette Shaw, a member of the public, made a few suggestions for changes to the minutes. He claims that the minutes were censored as to Michelle Long Dixon's salary.

V. General Announcements

Cecilia Chung sent an announcement to the Yahoo group about the First National Asian and Pacific Islander Summit on HIV/AIDS Research to be held in Oakland in November. Contact the Council office for more information.

Margot Antonetty announced the Hoarding and Cluttering: Solutions in 2002, presented by the Mental Health Association of San Francisco will be held on 9/30/02 1pm-5pm at 455 Golden Gate.

The Complementary Care Contractors Association distributed a letter for Council members (See Attachment B).

VI. Public Comment

Barry Holler of St. Mary's Medical Center announced that CARE dollars do not nearly cover their costs for their HIV Clinic. The hospital absorbs any amounts not covered by their \$580,858 CARE contract, totaling \$776,854. He urged the Council not to cut Primary Care.

Amy Cunningham of SF AIDS Foundation asked the Council to consider primary care and housing as core services. She explained that housing is a main point of entry for those who are out-of-care to connect with primary care services.

Jim Illig, President of the HIV/AIDS Provider Network, explained they are concerned that the CarryForward funding should be applied to supplement those who were cut this year.

Jim Dilly, from the HIV Mental Health Clinic, distributed materials to the Council members via mail. Anyone who did not receive a copy should contact his office.

Tim, Executive Director of Maitri, asked the Council to consider that they receive 75% of the funding from their subcategory. Cutting the subcategory would significantly affect their funding.

Patrick Monette Shaw claimed that the agenda was not posted to the Internet in compliance with the Sunshine Ordinance. He is frustrated last year's cuts were not reconstituted with the CarryForward funds. He believes that Michelle Long Dixon makes \$105,000 per year. Mismanagement of money is connected to death.

Naomi, Director of TLC Continuum, spoke for supportive services.

Bill Hirsh, Director of ALRC, asked the Council to consider that legal services are very important to consumers and urged the Council to maintain this category's funding.

VII. Presentation - The REGGIE System & Planning for the Future

Jimmy Loyce, DPH, explained that REGGIE is the only data system available now that is capable of understanding the population served. As HRSA requires this data, accuracy is essential.

Rani Marx, DPH, distributed REGGIE materials via email to the Council at the end of last week for their review (See Attachment C for supplemental materials). Re-inventing the system is not possible until they can report accurate 2002 data. Almost half of the agencies do integrate the REGGIE system into their own data system and are successful in doing so. This year REGGIE has employed part-time staff committed to data entry to try to help get agencies up to date. They are working on creating a method to allow agencies to upload data from their current systems into REGGIE. They have three options to get the data in the best shape:

1. To mandate entering data, updating data, by withholding payment to the agency until the data entry is complete.

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2. To allocate money for additional data entry (i.e. update back log data).
3. Provide incentives to agencies to record new data and update records (i.e. \$5/client record).

About 10 agencies have moderate problems, with about 6 months of un-entered data.

Rani explained that it costs about \$70,000 to update 6 months of backlog data. There are about 5 agencies that have severe problems. Susan Shea explained that upon REGGIE's creation, Mitch Katz assured the Council that DPH would financially support the database system. Susan recommended that REGGIE staff speak with HRSA or the Mayor to ask for funds to rectify the problems. She requested an approximate dollar amount if they intend to ask for money from the Council. Christopher Scott Gomora commented that there are quite a few technical problems with REGGIE: there is a delay in trainings, he cannot log on, and cannot download.

Rani Marx explained that data entry is not mandated because they have no mechanism to ensure that agencies stay in compliance. The REGGIE discussion will be part of the Retreat prioritization.

Public Comment on Agenda Item VII:

Patrick Monette Shaw expressed his concern that REGGIE does not automatically save data. He stated that the City already gives enough dollars to REGGIE.

Barry Holler would like the Council to ask DPH to create an escape command to automatically save data.

Jim Illig strongly opposed that Providers get payment withheld for not completing data entry.

VIII. Presentation - SFDPH - Healthcare Sub-category Summary Sheets

Laura Thomas distributed Subcategory Sheets, for items to be discussed in this evening's meeting (See Attachment D and E). The sheets include other funding sources, client demographics (from REGGIE), major issues and trends, and the major impact of any cuts. They did not include information on Marin and San Mateo, as those were distributed at previous Council meetings. Planning Council support was not included, as the Council is responsible for their own budget. Brad offered his thanks to the AIDS Office for their hard work in completing the summary sheets.

The Council will use this information for prioritization. Susan Shea asked for information on other EMA's allocation of healthcare funds. Laura explained that SF spends more on Housing and Substance Use than any other EMA.

Mjay Sanders would like more information from providers, from their experience. The DPH Program Managers can provide further information to Council members. Susan Shea explained that the pharmaceutical service might be duplicating services. Susan Shea begged the question of moving funds around from and to primary care providers. Jeff Byers reminded the Council that their role is not to discuss agencies or providers, just services. Susan Shea asked the Council to consider integrating services around primary care in their discussions of prioritization.

IX. Presentation - SFDPH - Report, Housing Sub-category Summary Sheets

Margot Antonetty explained that the City does inspect SROs. The voucher system was created to give leverage to HUH, allowing the agency to choose which SROs receive the money.

Bill Hirsh, ALRP, asked the Council to consider how critical housing is to the overall welfare of people with HIV. Laura explained that New York also has a big problem with housing, and has developed innovative harm reduction housing programs. Both HOPWA and Section 8 are not viable options for solving the housing problem in San Francisco.

Jim Mitulski asked how the Newsom initiative would affect Title I and offered that the group take a position on this. Ken Pearce explained that if services were cut proportionately, then the low number of unduplicated clients listed in the housing summary would require a large cut in housing. Jim Mitulski expressed that if the Council cuts housing (more than healthcare), then the population will lose their quality of health.

Susan Shea would like to look at those services that are not as successful as they used to be so that the Council can move into the future with the epidemic.

Public Comment on Agenda Item IX

Members of the public explained that emergency housing should be increased. John Thulman, a consumer of services, explained that many services do not work together (i.e. housing & substance use programs). He is very frustrated with the housing situation in San Francisco. Charlene explained that housing can prevent funding other services. Supportive services are included in Housing funds, and Brad offered his appreciation for this piece of the housing category.

X. Presentation - SFDPH - Report, Food Sub-category Summary Sheets

Public Comment on Agenda Item X.

Jim Illig of Project Open Hand suggested that food is the primary point of entry for those who are out-of-care to get in care. Oakland's Needs Assessment outlined that food is one of the chief pathways for those to get into care and to encourage people to value their health. If Project Open Hand's funding is cut, then they will be required to put people on a waiting list, which has never happened before. 36% of the meals 68% of the grocery bags and 41% of the unduplicated clients are CARE Funded.

XI. Presentation - SFDPH - Report, Client Advocacy Sub-category Summary Sheets

Positive Resource Center's presentation in early June was valuable for Council members. Eric Whitney explained that consumers must have access to a benefits counselor regardless of their situation, as benefits crosscut all demographics and

maximize use of funding sources outside of CARE dollars. Susan Shea asked why women are represented so low in the data represented in the packet, or why any of the services are not utilized by the same demographics of population. Laura Thomas encouraged the group to look at the Epi report when analyzing this data. Jeff Byers would like the group to continue look at demographics when looking at funding cuts.

Ali Riker encouraged the group to look at Benefits Counseling as an integral piece of serving the population most in need.

Brad Hume reiterated that this subcategory is a core service.

Public Comment on Agenda Item XI.

Bill Hirsh explained that legal services are critical when they arise.

XII. Presentation - SFDPH - Report, Transportation Sub-category Summary Sheets

Transportation services do not include tokens and vouchers. Drivers are trained to provide psychosocial services to those clients that they are transporting. They need to have this level of knowledge to deal with clients. Susan Shea suggested that this service be either bolstered or cut. While clients are in transition, this is the only service available. MediCal requires that clients be homebound to fund their transportation. Susan spoke in favor of shifting the transportation funding into Benefits Counseling so that clients may access MediCal for transportation.

Laura distributed Carry-Forward funds sheet by service Sub-Category

(See Attachment F). This sheet explains what was left on the table for FY 01-02.

XIII. Committee Reports

Committee Reports were postponed until the next meeting.

XIV. New Business

There was no new business.

XV. Adjourn

7:40pm.

Approved 8/26/02

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HIV Health Services Planning Council

City Hall, Room 201, Mayor's Conference Room
1 Dr. Carlton B. Goodlett Place

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August 12, 2002

4:30 - 7:30 PM

DRAFT AGENDA

- | | | |
|------|--|------------|
| I. | Call to Order | 4:30
PM |
| II. | Roll Call | 4:32
PM |
| III. | Review and Approval of Agenda | 4:35
PM |
| IV. | Review and Approval of Minutes, <u>July 22, 2002</u> | 4:37
PM |
| V. | General Announcements | 4:40
PM |
| VI. | Public Comment | 4:45
PM |
| VII. | Committee Reports | 5:00
PM |

- Steering Committee

- Carry-forward Dollars Request - Discussion and VOTE
Unexpended monies from contracts in the previous fiscal year (2001-02) are totaled and presented to the Council for reallocation. These funds are often derived from unfilled staff positions or other types of savings left uninvoiced in contract allocations. The Council and SFDPH HHS make an annual request to HRSA to apply these funds to contracts/projects in the current fiscal year; HRSA mandates that approval of the request is dependent on the funds being expended in the current year (2002-03).

Public Comment on this item

- Multiple Scenarios - Discussion and VOTE
The Council will discuss and evaluate different funding scenarios for the 2003-04 fiscal year prioritization process (to be concluded at the August 26, 2002 meeting.) The Council will determine different scenarios based on HRSA award increase/decrease to determine service prioritization based on the actual award (often not known until months after the application is submitted to HRSA.) The prioritization informs the SFDPH HHS office in determining resources for RFP's and contracting each year.

Public Comment on this item

- o Three-Year Plan Working Group, Draft of Goals & Objectives - Discussion and VOTE

*Public Comment on this item***VIII. Presentation - Report on Integrated Service Provider Survey & Assessment****5:30
PM****Joel Ginsberg, CompassPoint Nonprofit Services***Public Comment on this item***Dinner Break****6:00
PM****IX. Presentation - MediCal Update****6:15
PM****Herman Levias, et al., SFDPH HIV Health Services***Public Comment on this item***X. Presentation - Report/Discussion - Mental Health Sub-category Summary Sheets****6:30
PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services*Public Comment on this item***XI. Presentation - Report/Discussion - Substance Abuse Sub-category Summary Sheets****6:40
PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services*Public Comment on this item***XII. Presentation - Report/Discussion - Case Management Sub-category Summary Sheets****7:50
PM**

For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services

Public Comment on this item

XIII. Presentation - Report/Discussion - Day / Respite Care Sub-category Summary Sheets	7:05 PM
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For use in Discussions for Prioritization, Fiscal Year 2003-04

Laura Thomas, San Francisco Department of Public Health, HIV Health Services

Public Comment on this item

XIV. Committee Reports, continued	7:15 PM
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- **Membership Committee**
Council member nomination for reappointment - Bradford Hume - VOTE
Public Comment on this item
- **People living with HIV Advisory Committee (Formerly the PWA Caucus)**
Public Comment on this item
- **Housing Committee**
Public Comment on this item
- **Implementation & Evaluation Committee**
Public Comment on this item

XV. New Business	7:25 PM
<i>Public Comment on this item</i>	

XVI. Adjourn	7:30 PM
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Upcoming HIV Health Services Planning Council Meetings:

August 2002

Meeting	Date	Time	Location
Implementation & Evaluation Committee	Tues. 13th	3:00-5:00	25 Van Ness 330A
People Living with HIV Advisory Committee	Wed. 14th	5:30-7:30	25 Van Ness 330A
Housing Committee	Thurs. 15th	10:00-11:30	Catholic Charities, 240 Golden Gate Ave. 3rd Floor (between Leavenworth & Hyde)
Steering Committee	Mon. 19th	5:00-6:30	25 Van Ness 330A
HIV Health Services Planning Council Retreat	Mon. 26th	1:00-8:00	Walden House, Multi-Services Facility 1885 Mission Street, Caesar Chavez Room, 3rd Floor (at 15th Street)

September 2002

Meeting	Date	Time	Location
Community Action Committee	Mon. 2nd	5:00-6:30	25 Van Ness 330A
Housing Committee	Wed. 4th	3:00-5:00	25 Van Ness, 330A
Membership Committee	Mon. 9th	4:30-6:30	25 Van Ness, 330A
Implementation & Evaluation Committee	Tues. 10th	3:00-5:00	25 Van Ness 330A
People Living with HIV Advisory Committee	Wed. 11th	5:30-7:30	25 Van Ness 330A
3-Year Planning Work Group	Thurs. 12th	4:00-6:00	25 Van Ness 330A
Steering Committee	Mon. 16th	5:00-6:30	25 Van Ness 330A
HIV Health Services Planning Council	Mon. 23rd	4:30-7:30	City Hall, Mayor's Conf. Rm. 201

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HIV HEALTH SERVICES PLANNING COUNCIL MEETING

Meeting Date: August 12, 2002

Meeting Place: City Hall, Mayor's Conference Room 201

Meeting Time: 4:30pm - 7:30pm

I. Call to Order

4:40pm

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II. Roll Call

See Attachment A., a quorum was achieved.

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III. Review and Approval of Agenda

There were no changes to the agenda.

IV. Review and Approval of Minutes 7/22/02

The Council postponed approving the minutes.

V. General Announcements

There were no announcements.

VI. Public Comment

Patrick Monette Shaw explained that the summary sheet amounts do not total the complete CARE award for fiscal year '01-'02. Five million dollars of service funding was not included in the summary sheets. Administrative costs were not assigned a summary sheet.

Bill Hirsh spoke for using the Carry Forward funds to back-fill the deficit from this fiscal year.

John Lipp, Interim Executive Director, Positive Resource Center introduced himself.

Attorney, Board member of A.I.R.P., asked the Council to consider how important Housing and Benefits are to People Living with HIV.

Peter Fogal, of Walden House, thanked the Council for their hard work. Substance Use services provides Housing. Cutting Substance Use funding would also cut Housing.

Stephanie Morgan, of Family Support Services, introduced herself. She explained that consumers use her services when they most need a safe place to stay.

Consumer would like to know when the California budget will be signed.

VII. Committee Reports**Steering Committee - Carry Forward Dollars Request Discussion & VOTE**

Laura Thomas distributed the Carry Forward breakdown for FY 01-02 by Service Sub-Category (See Attachment B). In order to expedite an approval from HRSA to backfill amounts cut from this fiscal year with Carry Forward dollars, the Steering Committee made a recommendation for use of those funds. After funds to fill the deficit for FY 02-03 are applied, there is a remainder of \$210,508 available for new projects.

Marin County asked for \$7,500 of Carry Forward funds for Prioritization resources for the Marin AIDS Commission and Case Management assessment.

Planning Council support asked for \$47,500 for projects that were not allocated funding at the last prioritization, that are mandated by HRSA: Needs Assessment activities (additional focus Groups); Grantee Assessment activities; advertising/print media; website.

Housing Committee proposed to provide the remaining amount for Direct Emergency Financial Assistance. As it would be difficult for any agency to use \$70,000 within only a couple of months, this subcategory could apply the money easily. The recommendation included a proposed \$65,500 to be used for REGGIE data entry. \$20,000 would go to food vouchers.

Ken Pearce suggested that the group consider using monies for technical assistance for agencies to learn how to bill MediCal to the maximum. Toni Butler explained that MediCal does supply technical support for agencies.

Sam Kaplan requested that if monies are going to be used for Needs Assessment focus groups, the amount should be applied to looking at homebound populations and those not-in-care.

Patrick Monette Shaw, member of the public, explained the numbers do not add up. He suggested the Council not use the money for REGGIE, as the system should be scrapped. He added that the Council does not need a website, as PRC and DPH have existing websites.

The group expressed interest in receiving a breakdown of the Council support proposed amounts. Norman Tanner explained

that the monies should be applied to direct services, not administrative costs. Bill Hirsh encouraged the group to put as much money back into client services, not spending money on REGGIE to justify spending money later in prioritizations. Susan Shea spoke against the proposal. The Council has an unfunds policy to send these proposals through the I & E Committee. She asked for the AIDS Office to explain why so much money left on the table last year. This would assist with prioritization. She explained that her agency received its award on the last day of the fiscal year, and this could be a reason that the money was not used. Susan explained that she must see the breakdown to speak to the Planning Council support. She spoke against spending the money for REGGIE, as the Council previously agreed not to fund the project.

HRSA requires that the total request be submitted at one time, not in pieces. The request is not due until September 30th, but the sooner that the Council submits a request, the sooner the money will be distributed.

John Conley made a motion for the total amount over the back fill amounts be applied to Direct Emergency Financial Assistance (DEFA); the motion was seconded. Brad Hume made a friendly amendment to spend half of the \$210,000 for Immigration/Legal Assistance and half for DEFA. Susan Shea spoke against the motion and instead proposed that that the total Carry Forward funds be put back into all 31 subcategories equally for COLAs and overhead. John Conley did not except Brad Hume's friendly amendment.

Patrick Monette Shaw, member of the public, explained that the Health Commission has asked that COLAs need to be fundraised, not funded from this group.

Ken Pearce offered that because the Council must spend the money now, they should use the money for food vouchers. Ali Riker spoke for John Conley's motion. Mark Dunlop spoke against all of the motions, as the Council should not make any rash decisions without proper documentation.

Jim Mitulski spoke for the Council Support proposal, to adequately fund the Council infrastructure and be compliant with HRSA's requirements. George Simmons supported Mark Dunlop's suggestion that the Council hold off on making this decision at this meeting.

John Conley withdrew his motion. All agreed. The matter will be moved to I & E, and the Council will vote at the August 26th Retreat.

Steering Committee -- Multiple Cut Scenarios Discussion & VOTE

The vote was tabled to the Retreat. The Retreat will be held at the Multi-Services facility of Walden House on 1885 Mission Street at 15th Street.

Three-Year Plan Working Group -- Draft of Goals & Objectives

Catherine distributed the Three Year Plan Goals & Objectives for the Council review (See Attachment C). The Council has never prioritized at the sub-category level, so a work sheet was distributed (See Attachment D) that the Council members will use to rank their vision of the priorities. Charlene Pugh put together a Decision Matrix (See Attachment E) that the Council can use as a tool for prioritization. Each Council member is to submit his or her prioritization sheet to Tricia before the Retreat.

Sam Kaplan explained the Needs Assessment information should be clarified. He will forward his comments to the Council via email.

VIII. Presentation - SFDPH -Report on Integrated Service Provider Survey & Assessment

Joel Ginsberg, of Compass Point, reviewed the scope of the report on Integrated Service Providers. ISPs have increased the number of people receiving primary care. Substance use and mental health coordination coupled with an interdisciplinary team and the public health system are needed for a successful ISP. Housing is continually a barrier to care.

Needs outlined include a shortage of psychiatric and mental health services, especially a lack of appropriate staff to handle complex needs of severe mental illness and substance dependent clients. Monolingual clients face service barriers, as there is an overall lack of Spanish speaking Detox staff, and Asian therapy services.

Cultural competence is critical for successful service intervention, especially providing Spanish-speaking staff. There are structural challenges: sharing client data; clarify MOUs, funding technical assistance for collaborative work; regular provider meetings; increased coordination and sharing of resources among DPH branches.

The presenter explained that there must be a close interface between Mental Health and Substance Use service providers who are part of the clinical team. Clients would like staff on site available for a drop-in basis, with great harm reduction skills, but with sensitivity to abstinence. The staff should be shared between ISPs, but must be on-site and participating in teams.

IX. Presentation - MediCal Update

Herman Levias, Benefits and Resource Manager at the AIDS Office, distributed A Guide to Health Care Programs in San Francisco (See Attachment F). MediCal is a need-based health program. MediCal is an insurance program that a finite amount of money to cover services for HIV consumers. In order for a provider to be successful in capturing MediCal reimbursement, they must meet the following characteristics:

1. Having an eligible patient
2. The service must be covered by MediCal program
3. The healthcare provider must be registered and certified by MediCal

There are providers who are not billing MediCal because of a number of reasons. Mr. Levias distributed a MediCal provider application to become a certified provider (See Attachment G). The patient must be income eligible or disabled, or part of a family unit that includes one of these requirements. MediCal covers "standard medical services", widely recognized treatment. Mental Health is a little different, because counties are responsible for assessing those services. There are restrictions on what MediCal will cover, i.e. pharmaceuticals, podiatry, etc. Often MediCal will place a visit restriction on a patient. CARE funded services are the funding source of last resort. MediCal, too, is for last resort, but is required to pay for services before CARE is required to pay.

Detox and Substance Use services are not billed to MediCal. Sam Kaplan made some corrections to the presentation. Because CARE does not have the same strict restrictions as MediCal, the billing process is different. Mr. Levias claims that turnaround time for payment is 15-30 days, unless there is a problem with the bill.

Charlotte Bobek explained that CARE money is not set up as insurance money, and cannot be used as such.

Patrick Monette Shaw, a member of the public, explained that the reason that the providers may not bill MediCal because it is labor intensive. MediCal will not solve CARE dollar problems.

X. Presentation - SFDPH - Report, Mental Health Sub-category Summary Sheets

XI. Presentation - SFDPH - Report, Substance Use Sub-category Summary Sheets

XII. Presentation - SFDPH - Report, Case Management Sub-category Summary Sheets

XIII. Presentation - SFDPH - Report, Day/Respite Care Sub-category Summary Sheets

XIV. Committee Reports

Membership Committee

Membership Committee made a recommendation to re-appoint Brad Hume. There was a unanimous vote to forward Brad's name to the Mayor for re-appointment.

PLWH Advisory Committee

Brad Hume explained that the committee held a successful community forum; about 35 people participated in a prioritization activity. Common themes focused on the need for integrated services, "one-stop shopping". Brad thanked the group for their participation.

Norman Tanner requested the committee supply additional outreach.

I & E Committee

Catherine Geanuracus urged Council members to forward their thoughts/proposal to Sam Kaplan or Charlene Pugh if they unable to attend tomorrow's meeting.

Housing Committee

The group will meet one more time before Prioritization on Thursday, August 16 from 10am-11:30am at 240 Golden Gate, 3rd Floor.

XV. New Business

There was no new business.

XV. Adjourn

7:22pm.

Approved 8/26/02

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HIV Health Services Planning Council

Walden House, Multi-Services Facility
1885 Mission Street, Caesar Chavez Room, 3rd Floor
(at 15th Street)

08-20-02F02.04 R000

August 26, 2002

Lunch @ 12:30 PM
Meeting 1:00 - 8:00 PM

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DRAFT AGENDA

I.	Call to Order	1:00 PM
II.	Roll Call	1:02 PM
III.	Review and Approval of Agenda	1:05 PM
IV.	Review and Approval of Minutes, <u>July 22, 2002 & August 12, 2002</u>	1:10 PM
V.	General Announcements	1:15 PM
VI.	Public Comment	1:20 PM
VII.	Prioritization Introduction	1:45 PM
VIII.	Conflict of Interest Presentation - Norm Nickens, DPH	2:00 PM
IX.	Carry Forward Proposal - VOTE	2:30

Unexpended monies from contracts in the previous fiscal year (2001-02) are totaled and presented to the Council for reallocation. These funds are often derived from unfilled staff positions or other types of savings left uninvoiced in contract allocations. The Council and SFDPH HHS make an annual request to HRSA to apply these funds to contracts/projects in the current fiscal year; HRSA mandates that approval of the request is dependent on the funds being expended in the current year (2002-03).

PM

Afternoon Break3:00
PM**X. 3-Year Plan Goals & Objectives - VOTE.**3:30
PM**XI. Decision Matrix Discussion - Summary of Results**4:15
PM

Presentation of items in Decision Matrix and review of Council's straw vote results

XII. Sub-Category Prioritization - VOTE4:45
PM

Decision on priority for CARE funded Sub-Categories

Dinner Break6:00
PM**XIII. Multiple Cut Funding Scenarios - VOTE**6:30
PM

Vote on funding allocation for services under scenarios for increased or decreased funding

XIV. Open Nominations for Co-Chairs7:30
PM**XV. New Business**7:50
PM**XVI. Adjourn**8:00
PM

*Note: Agenda items are subject to change, postponement, or removal.
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**HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103
San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor**

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Upcoming HIV Health Services Planning Council Meetings:

September 2002

Meeting	Date	Time	Location
Housing Committee	Wed. 4th	3:00-5:00	25 Van Ness, 5th Fl. Conference Rm.
Membership Committee	Mon. 9th	4:30-6:30	25 Van Ness, 330A
Implementation & Evaluation Committee	Tues. 10th	3:00-5:00	25 Van Ness 330A
People Living with HIV Advisory Committee	Wed. 11th	5:30-7:30	25 Van Ness 330A
3-Year Planning Work Group	Thurs. 12th	4:00-6:00	25 Van Ness 330A
Steering Committee	Mon. 16th	5:00-6:30	25 Van Ness 330A
HIV Health Services Planning Council	Mon. 23rd	4:30-7:30	City Hall, Mayor's Conf. Rm. 201

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People Living with HIV Advisory Committee | Steering Committee | Three-year Plan Work Group
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San Francisco

HIV Health Services Planning Council

Walden House, Multi-Services Facility
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(at 15th Street)

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September 23, 2002
4:30 - 7:30 PM

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DRAFT AGENDA

- | | | |
|------|--|---------|
| I. | Call to Order | 4:30 PM |
| II. | Roll Call | 4:32 PM |
| III. | Review and Approval of Agenda | 4:35 PM |
| IV. | Review and Approval of Minutes, <u>August 26, 2002</u> | 4:37 PM |
| V. | General Announcements | 4:40 PM |
| VI. | Public Comment | 4:45 PM |
| VII. | Committee Reports | 4:55 PM |

- Steering Committee

Discussion and VOTE

The Council will review the Prioritization hierarchy produced at the August 26, 2002 Council meeting to determine if the ranking of Psychiatric Services is appropriate, or should change, based on new information garnered since the August 26 meeting. A motion will be presented from the Steering Committee.

Public Comment on this item

- | | | |
|-------|--|---------|
| VIII. | Presentation - Budget for Inclusion with 2003-2004 Grant Application | 5:05 PM |
|-------|--|---------|

Laura Thomas, SFDPH, HIV Health

Services

A brief presentation of the final budget that the SFDPH, HIV Health Services will include with the San Francisco EMA Grant Application for fiscal year 2003-2004.

Public Comment on this item

IX. Committee Reports, Cont'd

5:15 PM

- **Steering Committee**

Discussion and VOTE

Based on the previous presentation of the final budget to be included with the Grant Application, the Steering Committee will open for discussion and vote a motion to accept the projected budget.

Public Comment on this item

X. Presentation - SFDPH, HIV Health Services Quarterly Report

5:30 PM

Michelle Long Dixon, SFDPH, HIV Health Services

Michelle Long Dixon will provide the Council with a short presentation updating the Council on the current fiscal year's contracting and certification progress.

Public Comment on this item

XI. Presentation - Minority AIDS Initiative (formerly the Congressional Black Caucus Initiative)

5:45 PM

Laura Thomas, SFDPH, HIV Health Services

Laura Thomas will provide the Council with a short presentation detailing the purpose of this funding and how the Council has historically prioritized use of this funding in the delivery of services for People Living with HIV/AIDS in the San Francisco Eligible Metropolitan Area (EMA.)

Public Comment on this item

6:00 PM

Dinner Break

XII. Committee Reports, Cont'd

6:15 PM

- Steering Committee

Minority AIDS Initiative

Setting of Priorities - Discussion and VOTE

With information garnered from the previous presentation, as well as information regarding the Council's 2003-04 Prioritization process at their August 26, 2002 meeting, the Council will discuss and determine the prioritization of expenditure for the 2003-04 fiscal year allocation of the MAI award to San Francisco.

Public Comment on this item

Funding Scenarios

6:30 PM

Discussion and VOTE

The Council will discuss and evaluate different **funding scenarios** for the 2003-04 fiscal year prioritization process. The Council will determine different scenarios based on HRSA award (flat funding or potential decrease) to determine service prioritization based on the actual award (often not known until months after the application is submitted to HRSA.) The prioritization informs the SFDPH HHS office in determining resources for RFP's and contracting each year.

Public Comment on this item

XIII.

- Membership Committee

7:00 PM

Public Comment on this item

- Housing Committee

Public Comment on this item

- Implementation & Evaluation Committee

- Grantee Assessment Task Force

Public Comment on this item

XIV. Co-Chair Elections

7:15 PM

- Close of Co-Chair Nominations
- Distribution & Collection of ballots

*Public Comment on this item***XV. New Business****7:25 PM***Public Comment on this item***XVI. Adjourn****7:30 PM***Note: Agenda items are subject to change, postponement, or removal.**Meeting agendas are considered to be in DRAFT form until reviewed and approved by Council attendees.***HIV Health Services Planning Council, 973 Market Street, 6th Floor, San Francisco, CA 94103****San Francisco Department of Public Health, AIDS Office, 25 Van Ness Avenue, 5th floor**

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Upcoming HIV Health Services Planning Council Meetings:**September & October 2002**

Meeting	Date	Time	Location
Three-year Plan Working Group	Thurs., Sept. 26	11:00 - 1:00	To Be Determined
Grantee Assessment Task Force	Tues. 1st	2:00-4:00	25 Van Ness, Room 330B
Housing Committee	Wed. 2nd	3:00-5:00	SFAF, 995 Market Street, 2nd Floor Conf. Rm
Implementation & Evaluation Committee	Tues. 8th	3:00-5:00	25 Van Ness, Room 330A
People Living with HIV Advisory	Wed. 9th	5:30-7:30	25 Van Ness, Room 330A

Committee

Membership Committee	Mon. 14th	4:30-6:30	25 Van Ness, Room 330A
Steering Committee	Mon. 21st	5:00-6:30	25 Van Ness, Room 330A
HIV Health Services Planning Council	Mon. 28th	4:30-7:30	City Hall, Mayor's Conf. Rm. 201

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HIV Health Services Planning Council

City Hall, Room 201, Mayor's Conference Room
1 Dr. Carlton B. Goodlett Place

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OCT 25 2002

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4:30 - 7:30 PM

DRAFT AGENDA

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|-------|--|------------|
| I. | Call to Order | 4:30
PM |
| II. | Roll Call | 4:32
PM |
| III. | Review and Approval of Agenda | 4:35
PM |
| IV. | Co-Chair Report | 4:37
PM |
| | <ul style="list-style-type: none">Co-Chairs will present new Council <u>Meeting Procedures</u> for the Council's approval -- VOTE | |
| | <i>Public Comment on this item</i> | |
| V. | Review and Approval of Minutes,

<u>August 26, 2002 & September 23, 2002</u> | 4:45
PM |
| VI. | General Announcements | 4:50
PM |
| VII. | Public Comment | 4:55
PM |
| VIII. | Presentation - SFDPH, HIV Health Services Update on Contract Certification -- Michelle Long Dixon, SFDPH, HIV Health Services | 5:00
PM |
| | <ul style="list-style-type: none">Michelle Long Dixon will provide the Council with a short presentation updating the Council on the current fiscal year's contracting and certification progress. | |
| | <i>Public Comment on this item</i> | |

IX. REGGIE Presentation -- SF Department of Public Health, AIDS Office Staff

5:10
PM

- Laura Thomas will discuss HRSA's requirements for gathering data and how this data relates to the Planning Council's work.
- Rani Marx and Flor Aleman will present a REGGIE demonstration, indicating what is interesting or problematic about specific fields. REGGIE is the SF Dept. of Public Health's data tracking system utilized by CARE-funded agencies in San Francisco to collect data on client eligibility, demographics, and service utilization, as well as other required data tracking requirements.
- Jimmy Loyce will review the financial status of the REGGIE system, including specific needs for the future.

Public Comment on this item

Dinner Break

6:00
PM

X. Committee Reports

6:15
PM

- Membership Committee
Recommendation for Nomination of Jorge Rodriguez -- VOTE
Public Comment on this item
- Housing Committee
Recommendation for Charles Siron to serve as Council representative on San Francisco's Single Room Occupancy (SRO) Hotel Safety and Stabilization Task Force -- VOTE
Public Comment on this item
- People living with HIV Advisory Committee (Formerly the PWA Caucus)
Public Comment on this item
- Implementation and Evaluation Committee
Fall Unfunds Proposal-- VOTE

Fall Unfunds are funds that do not become incorporated into contracts during contract negotiation, or become available as the result of cancelled contracts. In keeping with the Unfunds Policy passed by the Planning Council (passed unanimously), The I & E committee proposes the following motion:

Request HIV Health Services send out a Request for a Proposal (RFP) to the top tier subcategories (first 11). The RFP will request one-time only projects. The money for the proposed projects must be able to be in contract before February 28, 2003. The AIDS Office would assemble a review panel including but not limited to a member of HIV Health Services, a council member, and a HIV/AIDS Provider Network member. The panel would select 11 proposal(s) that meet the above criteria with no more than 11 proposals being accepted.

For background, see Unfunds Policy & Procedures.

Public Comment on this item

- Grantee Assessment Task Force
Public Comment on this item
- Steering Committee
Public Comment on this item

XI. New Business

Public Comment on this item

7:25
PM

XII. Adjourn

7:30
PM

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Upcoming HIV Health Services Planning Council Meetings:

November 2002

Meeting	Date	Time	Location
Grantee Assessment Task Force	Tues. 5th	3:00-5:00	25 Van Ness Ave., Rm. 330B
Housing Committee	Wed. 6th	3:00-5:00	25 Van Ness Ave., Rm. 330B
Membership Committee	Mon. 11th	4:30-6:30	TBD
Implementation & Evaluation Committee	Tues. 12th	3:00-5:00	25 Van Ness Ave., Rm. 330A
People Living with HIV Advisory Committee	Wed. 13th	5:30-7:30	25 Van Ness Ave., Rm. 330A
Steering Committee	Mon. 18th	5:00-6:30	25 Van Ness Ave., Rm. 330A
HIV Health Services Planning Council	Mon. 25th	4:30-7:30	City Hall, Mayor's Conf. Rm. 201

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HIV Health Services Planning Council

City Hall, Room 201, Mayor's Conference Room
1 Dr. Carlton B. Goodlett Place

November 25, 2002

4:30 - 7:30 PM

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| I. | Call to Order | 4:30 PM |
| II. | Roll Call | 4:32 PM |
| III. | Review and Approval of Agenda | 4:35 PM |
| IV. | Review and Approval of Minutes, <i>October 28, 2002</i> | 4:40 PM |
| V. | General Announcements | 4:47 PM |
| VI. | Public Comment | 4:52 PM |
| VII. | Presentation - HIV Prevention Planning Council -- Steven Tierney, DPH Co-Chair and Gwen Smith, Community Co-Chair | 5:00 PM |
| | <ul style="list-style-type: none">The HIV Prevention Planning Council Co-Chairs will provide a brief presentation on their use of Supplemental HIV Prevention dollars for Prevention for Positives programs. | |
| | <i>Public Comment on this item</i> | |
| VIII. | Presentation - SFDPH, HIV Health Services Update on Contract Certification -- Michelle Long Dixon, SFDPH, HIV Health Services | 5:20 PM |

- Michelle Long Dixon will provide the Council with a short presentation updating the Council on the current fiscal year's contracting and certification progress.

Public Comment on this item

IX. Committee Report -- Co-Chair Report 5:25 PM

Public Comment on this item

X. Committee Report -- Housing Committee 5:30 PM

Public Comment on this item

XI. Committee Report -- PLWH Advisory Committee (formerly the PWA Caucus) -- HOPWA Loan Committee Recommendation -- VOTE 5:35 PM

In keeping with our Shared Values and Vision and the maintenance of a client-centered system of care, the HIV Health Services Planning Council shall adopt the policy that at least one of the two, preferably both, Council seats on the HOPWA Loan Committee should be reserved for someone living with HIV/AIDS and that both seats should preferably be held by Council members who do not have a conflict of interest related to the HOPWA program.

Public Comment on this item

XII. Committee Report -- Implementation and Evaluation Committee -- Fall Unfunds Proposal -- VOTE 5:45 PM

Fall Unfunds are funds that do not become incorporated into contracts during contract negotiation, or become available as the result of cancelled contracts. In keeping with the Unfunds Policy passed by the Planning Council (passed unanimously), The I & E Committee proposes the following motion:

Request that HHS solicit proposals for program infrastructure support, program enhancement and stabilization, and system development and evaluation from existing providers in the following services sub-categories:

Primary Care; Emergency Housing; Food Bank/Home Delivered Meals; Integrated Services Programs (ISPs); Residential Programs and Subsidies; Benefits Counseling; Outpatient Mental Health; Direct Emergency Financial Assistance;

Centralized Dental Care; Money Management; Transitional Housing.

The solicitation will request one-time only projects. The money for the proposed projects must be spent by February 28, 2003.

For background, see Unfunds Policy & Procedures.

Public Comment on this item

Dinner Break

6:00 PM

XIII. Committee Report -- Membership Committee

6:15 PM

Public Comment on this item

XIV. Committee Report -- Grantee Assessment Task Force

6:20 PM

Public Comment on this item

XV. Training -- Robert's Rules of Order -- Travis Barrick, JD, MPA, PRP

6:25 PM

- Basic training session for Council members in parliamentary procedure: motions, amendments, voting, debate, etc.

Public Comment on this item

XVI. New Business

Public Comment on this item

7:25 PM

XVII. Adjourn

7:30 PM

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HIV Health Services Planning Council

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San Francisco Department of Public Health, AIDS Office

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Upcoming HIV Health Services Planning Council Meetings:

December 2002

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Membership Committee	Mon. 9th	4:30-6:30	25 Van Ness Ave., Rm. 330B
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People Living with HIV Advisory Committee	Wed. 11th	5:30-7:30	25 Van Ness Ave., Rm. 330A
Steering Committee	Mon. 16th	5:00-6:30	25 Van Ness Ave., Rm. 330A
Housing Committee	Wed. 18th	3:00-5:00	25 Van Ness Ave., Rm. 330A
HIV Health Services Planning Council	Meeting in recess for the month of December		

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